

**Yamhill County Public Health Comprehensive Plan
2010
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I. Executive Summary

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

Vision:

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

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

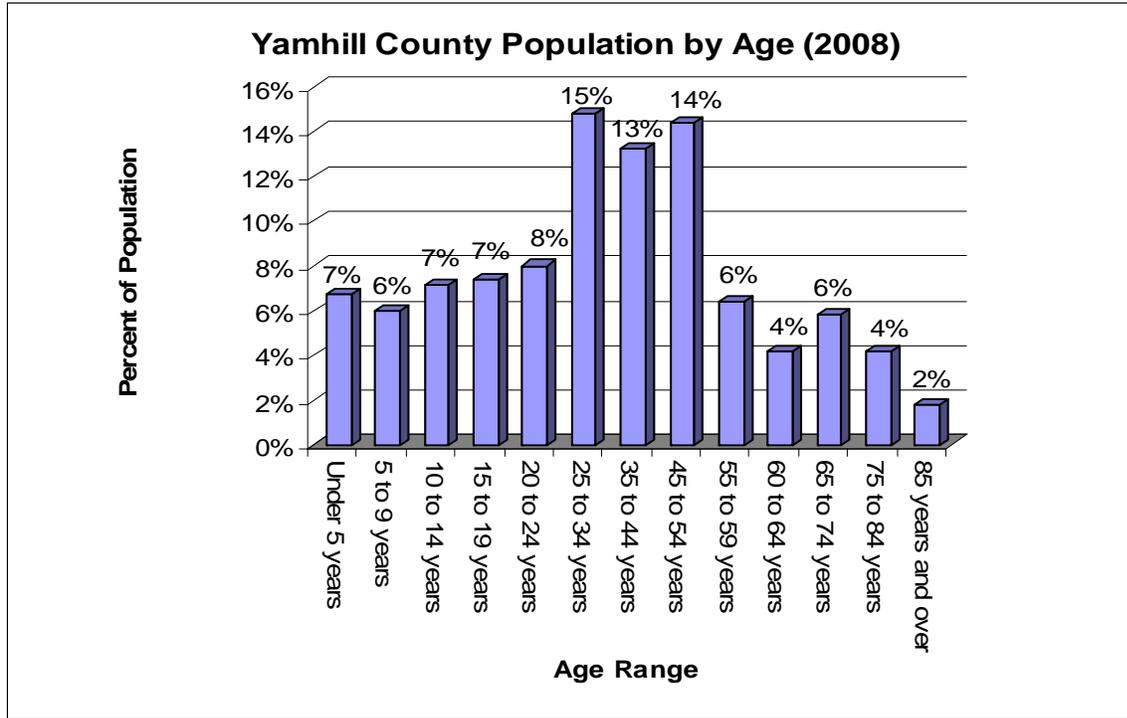
- Communicate clearly and openly
- Continuously focus on, assess and monitor individual, family, organizational and community needs
- Advocate for, develop and provide quality programs and services
- Creatively work to assist systems to join with us in working toward our vision
- Dedicate ourselves to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

Community partnerships and collaboration have been key to the success of the work done at YCPH. While these partnerships and collaborative efforts continue to grow, one theme that continues to emerge is a need for increased communication, collaboration and coordination. In the coming years, this will be a major focus for all programs within YCPH.

II. Assessment

1. Public Health Issues and Needs in Yamhill County

Basic Demographic Information and Public Health Indicators:

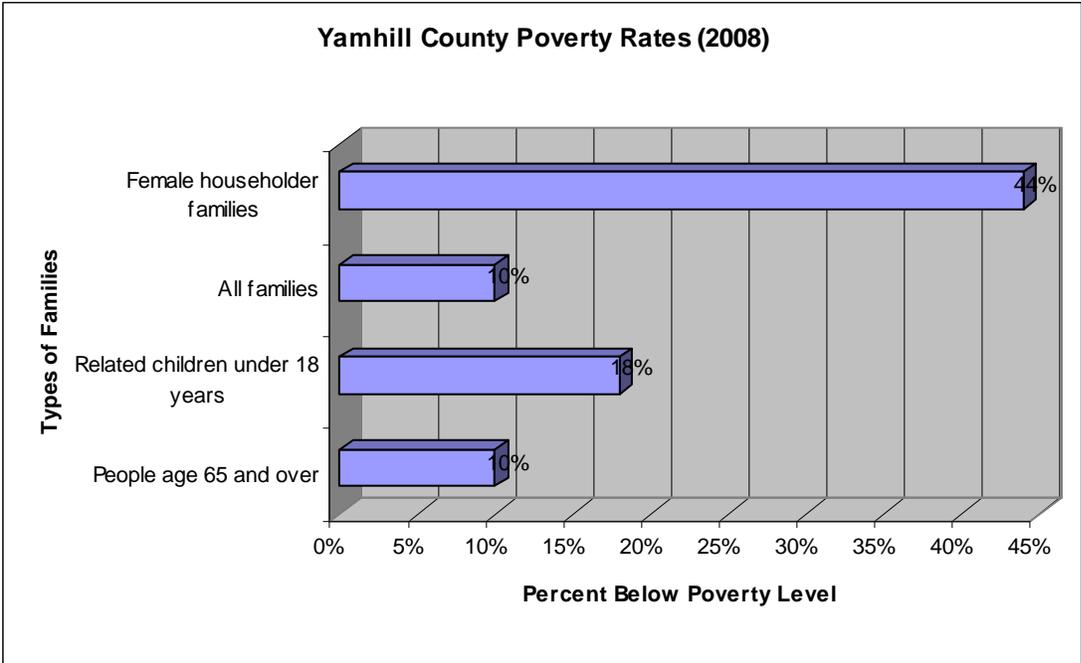
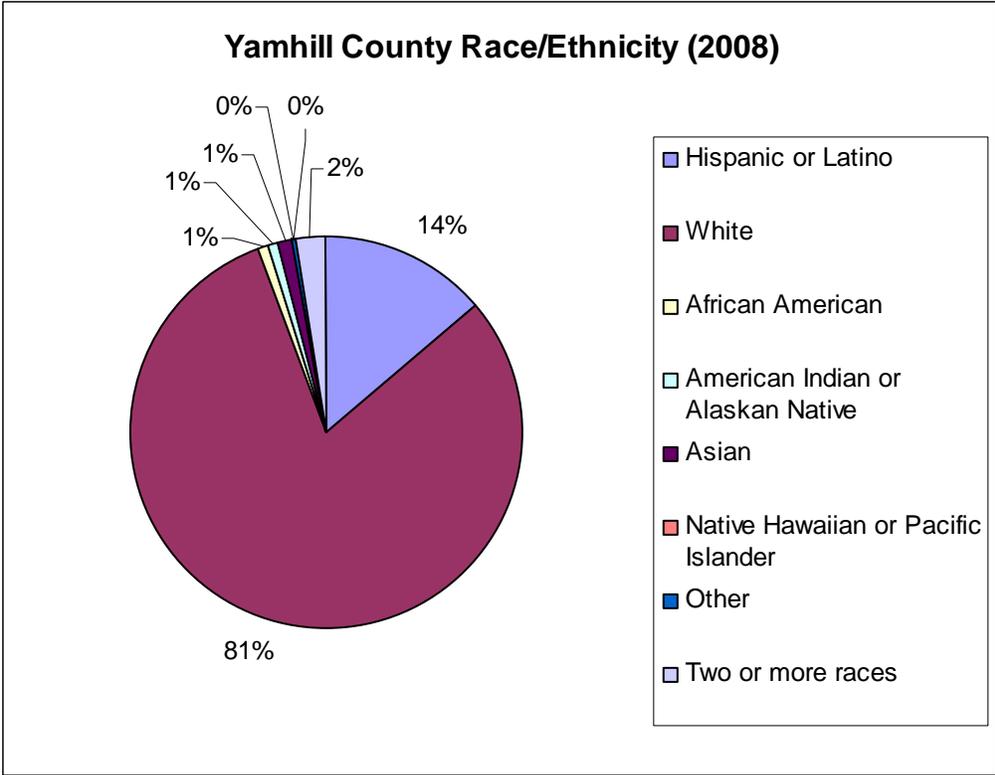


Percent female – 49.3

Percent male – 50.7

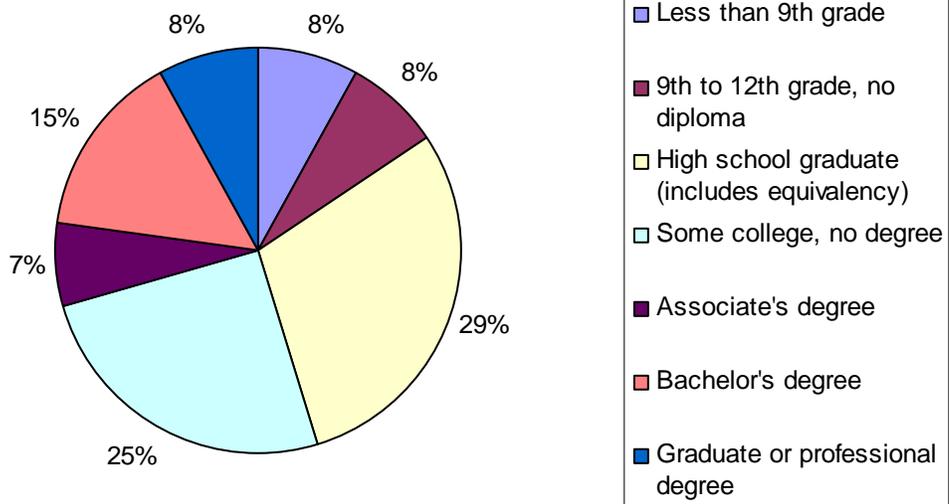
Average household size – 2.78

Average family size – 3.23

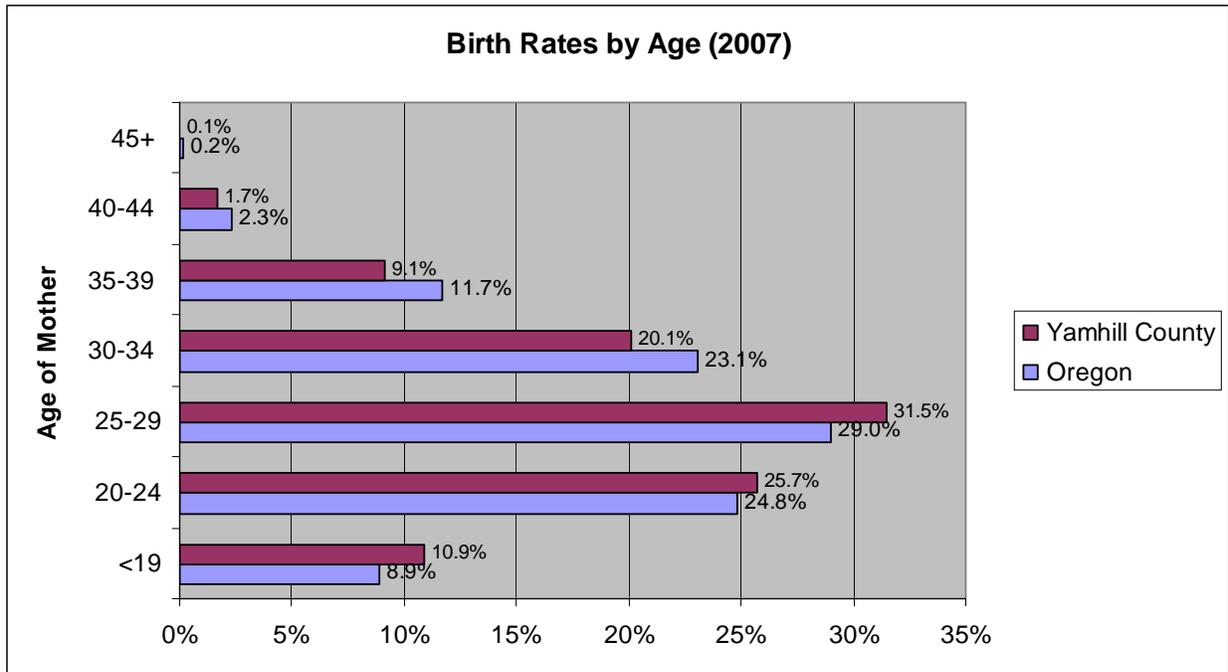


Percent unemployed – 7.9

Educational Attainment 25 yrs and over(2007)



Maternal and Child Health:



Low Birth Weight Rate:

Yamhill County – 54.7/1,000 births

Oregon – 61.0/1,000 births

Teen Pregnancy Rate:

Yamhill County:

10-17 years old – 9.7/1,000 females

15-19 years old – 54.3/1,000 females

Oregon:

10-17 years old – 10.1/1,000 females

15-19 years old – 50.1/1,000 females

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

Inadequate care – 4.3

Minority race/ethnicity – 26.1

Age < 18 years – 2.8

Age > 35 years – 10.9

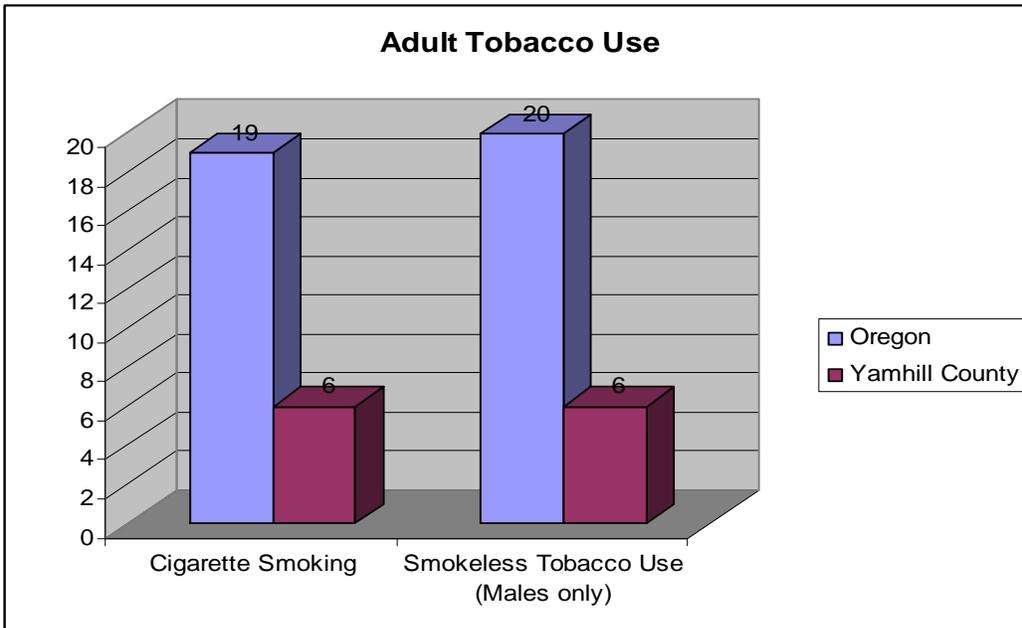
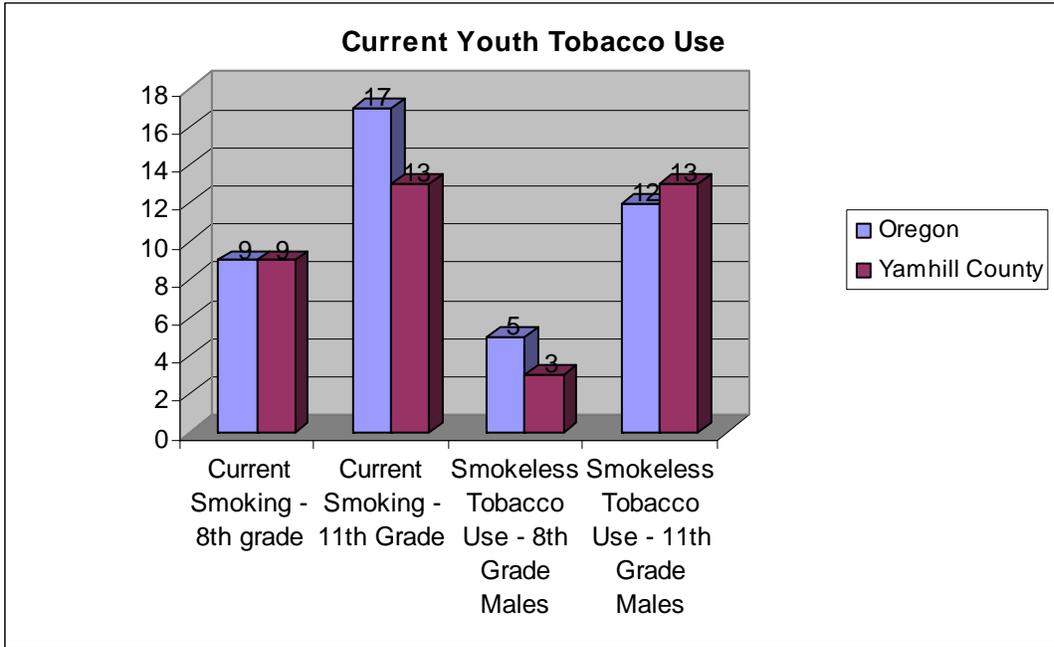
4+ live births – 11.4

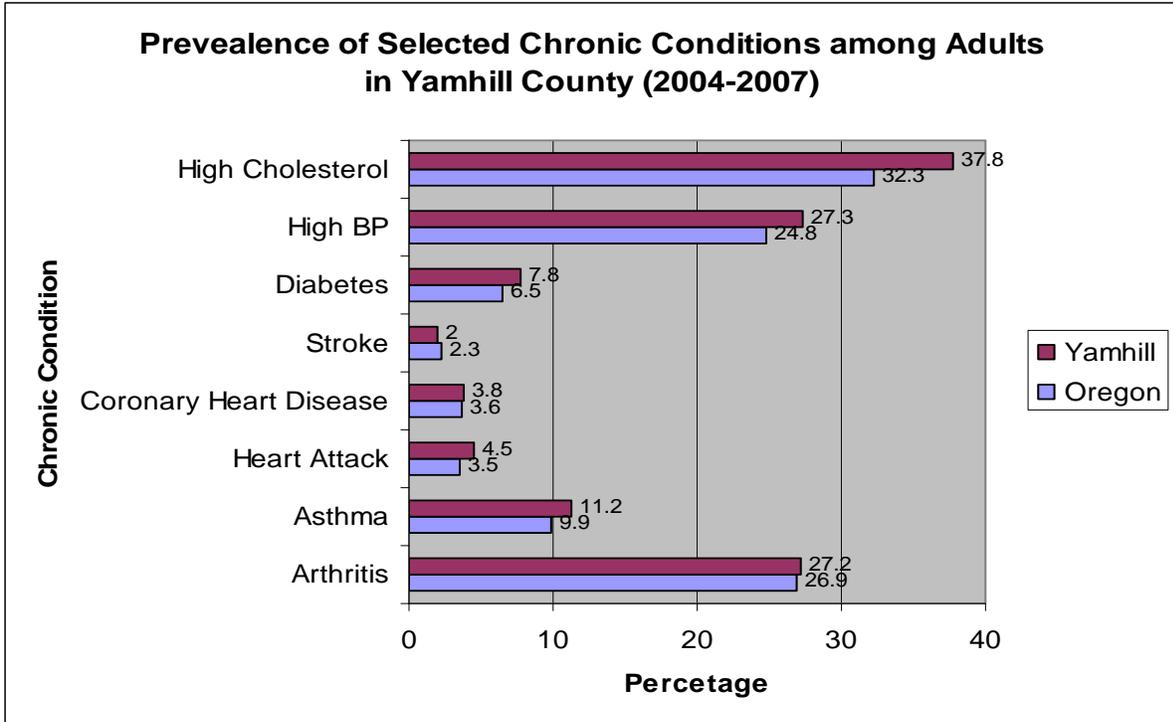
< 12 years education – 20.7

Unmarried – 35.5

Tobacco use – 11.8

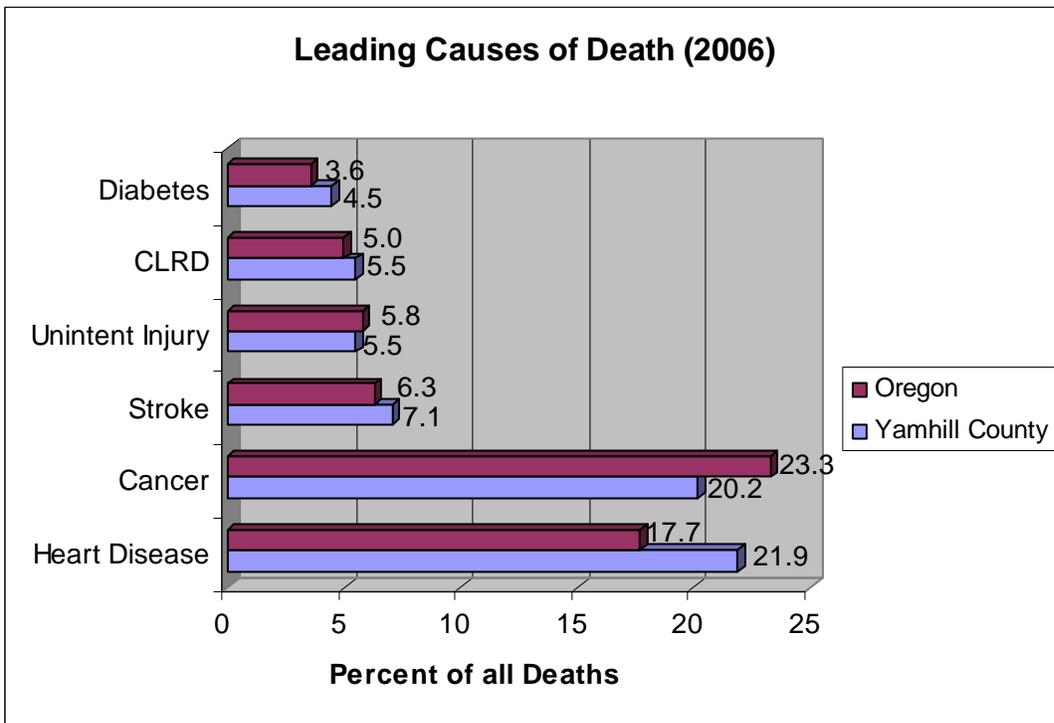
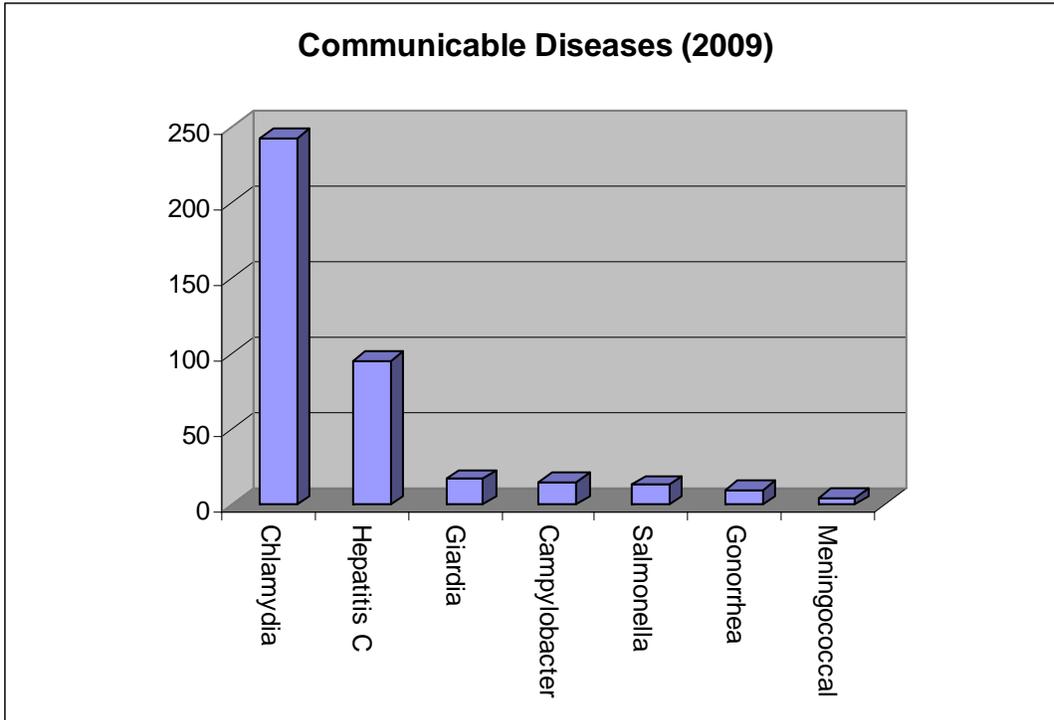
Health Behaviors:





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

Morbidity & Mortality:



Adequacy of Local Public Health Services

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

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

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

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

YCPH does collaborate with other healthcare providers in the area to share data and/or health indicators. Healthcare providers do use immunization registries but no other formal population health information systems exist locally.

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

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

YCPH enlists the services of the Oregon State Public Health Lab for screening and diagnosis of diseases outside of local capacity.

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

Community members and partnering agencies have access to health materials in the resource room at YCPH, through our website, and at other community locations. YCPH does respond to requests for information including referrals to services provided by other agencies. Currently, health education programs at YCPH include tobacco prevention and education, chronic disease prevention education, HIV/AIDS education and disaster preparedness. While health education does occur through almost all programs at public health, the educational component is often on an individual basis. We do work with community partners to promote health, although partnerships are often limited to available time from other agencies. Barriers to promoting healthy lifestyles include limited staff time and resources available, especially for health topics that are not directly funded.

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

There are many community partnerships with which YCPH programs work to better the health of the community. These partners include universities and community colleges, non-profit organizations, businesses, faith-based organizations, elected officials, schools, city and county departments and individuals.

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

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

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

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

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

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

An area that YCPH excels at is referring clients and the public to other services. A barrier to such referrals is limited access to healthcare in many of our communities, and the fact that many other services are overwhelmed with similar requests. YCPH works with service providers to help ensure efficiency and that people most at risk are able to receive services. Our Health Officer strives to educate healthcare providers and seeks to overcome barriers of access to healthcare. Maternal Child Health staff work with other agencies to coordinate services to parents, and encourages parents to follow-through with services. HIV Case Management reaches out to the faith community to help provide supplies and support to clients in need. Efforts are currently underway to establish a dental program so adults and children with little or no dental insurance can receive care.

8. Assure competent public and personal health care workforce.

YCPH participates in various opportunities to support and encourage high school and college students to enter into health-related fields. This includes presenting to health occupation classes, providing internships to students, and offering job shadow opportunities. In addition, we work

closely with area colleges to offer specific internships to students in the field of maternal child health nursing, family support workers, and health promotion.

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

Quality of services of the Healthy Start program is assessed through an outside evaluator, clients complete a survey based on their experience in the program. At this time, overall programs are not assessed, although some trainings and presentations are evaluated. Program and project evaluation occurs in the TPEP by analyzing trends in tobacco usage among target populations and data that represents specific program objectives. This is accomplished through data such as Oregon Healthy Teens, Behavioral Risk Factor Surveillance and process data. Similar data sources are used to show trends in other programs although services provided by YCPH cannot be directly correlated to such data.

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

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

Plan for community health assessment

At this time, YCPH does not conduct a formal community health assessment. Instead, we rely on existing data to paint a picture of the community. In 2008, as a part of the Tobacco-Related and Other Chronic Disease program, Yamhill County conducted a Community Assessment using primary and secondary data. As this assessment was primarily focused on chronic disease within the county, a more comprehensive community health assessment would be of great value. In the coming year, plans are underway to work with local and regional partners to conduct a more comprehensive assessment. This will provide data about local health status, identify barriers to healthy lifestyles, as well as to guide efforts of YCPH in addressing local health issues. In addition, an assessment would promote the services of Public Health.

3. Provision of Basic Services

a. Epidemiology and control of preventable diseases and disorders

Yamhill County Public Health carries out all required communicable disease activities. We continue to provide STD prevention and treatment services, directly and in collaboration with other local healthcare providers. YCPH continues 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 (utilizing state-supplied and local vaccine), epidemiologic investigation and follow-up of reportable communicable diseases and conditions, and consultation and advice regarding suspected communicable diseases.

Funding for Tobacco-Related and Other Chronic Diseases (Healthy Communities) has continued and has now moved into the implementation phase of its Community Action Plan. Efforts are being put forth including improving access and affordability of healthy foods, increasing opportunities for physical activity, decreasing tobacco use and exposure to second hand smoke and helping to alleviate the burden of chronic disease. YCPH continues to provide the Tobacco Prevention & Education Program as well as HIV education and outreach. Skilled interns have been utilized to expand outreach activities that paid staff do not have time to complete.

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

Public Health continues to increase efforts to serve as an entry point to a variety of services for parents and children. A multidisciplinary team is involved in the intake process including nurses, Family Support, Healthy Start, and may also involve home visitors from other agencies. Services offered directly by Public Health include Babies First, Healthy Start, CaCoon, and Maternity Case Management (MCM). In addition to services at Public Health, the Willamina School-Based Health Center at Willamina High School serves all registered students in the district. In May 2010 a second School-Based Health Center will be open for the Yamhill-Carlton school District students. Family Planning also began in 2008 with an outreach and education component to reduce unintended pregnancies throughout the county.

Healthy Start continues to fully incorporate Parents As Teachers (PAT) into the program. A statewide grant called Reading for Healthy Families has been implemented in order to increase early literacy and facilitate parent involvement early on with their children's literacy. Healthy Start continues to increase collaboration with pre-natal referral sources which has resulted in an increase in pre-natal referrals. A post partum prevention project continues as an added program to the public health maternal and child health programs. It is a collaboration between the Behavioral Care Network and Yamhill County Healthy Start. Due to recent staffing and group accessibility changes, the project doubled the number of participants and became a strong resource for women at risk of post partum depression.

c. Collection and reporting of health statistics

Yamhill County Public Health's (YCPH) Vital Statistics program adheres to the law of compulsory registration of births (ORS 432.206) and the compulsory filing of death certificates (ORS 432.307). All records received in the office are registered within 24 hours. Hard copy certificates are mailed every Monday, Wednesday and Friday, to insure no original certificate is left in the office more than two days.

d. Health information and referral services

Information and referral is an activity that takes place in all programs and locations in which public health staff are assigned. Individuals with questions receive prompt and pertinent answers if possible, or are referred to appropriate sources. Broader attempts are made to reach large

population groups and targeted populations in the health education programs. Information is provided to other community agencies about our services, and to the general public on the Yamhill County Public Health website at www.co.yamhill.or.us/ph as well as the Health Information Line at 503-474-4968 or 554-7888.

e. Environmental health services

Yamhill County Public Health performs all of the required inspection and licensing functions for food service facilities, tourist accommodations, and public pools and spas. Staff collaborates with Lane County for the provision of on-line Foodhandler Certification, and offer on-site food handler training for food handlers with limited access to computer technology. 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 coordinates, as needed, with the DEQ programs that are in the Yamhill County Planning Department.

4. Provision of Additional Services

Public Health Preparedness:

In response to September 11th 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. With a focus on pandemic planning over the past few years and more recently H1N1, collaborations with additional partners has occurred. A focus on all-hazards planning, preparing and training remains.

Dental:

Beginning in June 2010, YCPH will be offering dental screenings for children and adults by a dental hygienist at three locations: Yamhill-Carlton School Based Health Center, Willamina School Based Health Center, and in the McMinnville clinic. The dental hygienist will be a YCPH employee who will work one day a week at each of these locations. The dental hygienist will also refer clients with dental needs beyond the scope of her license. Those referrals will be sent to the Yamhill County Neighborhood Dental Program that is a joint program between YCPH and the Yamhill County Dental Society. When referred, the client will be able to receive reduced or no-cost dental care, including pain management and restorative care. This new program is a joint effort between YCPH, Yamhill County Dental Society, Love INC and A-dec.

Health Education and Health Promotion:

Health Education at Yamhill County Public Health includes a combination of funded and unfunded programs focused on prevention of unhealthy and risky behaviors in the community. Health Educators review data and information about the community's health and participate in program planning efforts with community partners. Funded health education efforts include tobacco prevention, chronic disease prevention and HIV education. Community Health Advisory Council members, focused on chronic disease prevention, continue to be active as do taskforce members for tobacco prevention activities. In addition, these members, organizations and agencies 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 the purpose of public education and awareness as well as an information line for special events or urgent information, 503-474-4968.

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. As part of the Healthy Communities program, efforts are being put forth to assess what services are provided by partnering groups and agencies as well as working with child care centers throughout the county to improve nutrition guidelines.

Older Adult Health:

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

Primary Health Care:

Primary care is provided by Yamhill County Public Health 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. A second School-Based Health Center is in the process of being completed in Yamhill-Carlton. This center is expected to be up and running by May 2010.

Lab Services:

Yamhill County Public Health has CLIA (Clinical Laboratory Improvement Amendments) certification through CMS (Center for Medicare and Medicaid Services) to serve as a PPM laboratory, with the primary facility at Public Health in McMinnville, and the second lab at the Willamina School-Based Health Center. The Local Public Health Officer serves as the Laboratory Director for all sites. Specimens are collected and sent to the Oregon State Public Health Laboratory and to a contracted reference lab.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders

Preventable Diseases

Current Condition:

The Yamhill County Public Health Communicable Disease program investigated about 432 reports of communicable diseases in 2009. Sexually transmitted diseases continue to be the most prevalent diseases reported in Yamhill County, making up about 47.4% of all diseases reported. Outbreak investigation and follow up is also a priority and CD nurses investigate an average of about 7 outbreaks each year, with the majority of those due to Norovirus. The most frequently reported diseases in Yamhill County in 2009 in order were Chlamydia, Hepatitis C, Giardia, Campylobacter, Salmonella, Gonorrhea and Meningococcal.

The Yamhill County Communicable Disease program is also responsible for tuberculosis (TB) evaluation, treatment of latent tuberculosis infection (LTBI) and investigation and treatment of Active TB disease. Each year an average of 1 new case of active TB is reported in Yamhill County. In 2009 there were 30 people treated at the health department for latent tuberculosis infection (LTBI), which consists of completing a 9 month treatment regimen.

Communicable Disease nurses have regular and ongoing communication with local Infection Control Practitioners and continue to improve communication with local providers and partnering agencies. Outreach includes working with youth in the county detention center to conduct bloodborne pathogen education and testing, meeting with local animal control offices to improve collaboration, participating in efforts to reduce barriers to Hepatitis C testing, and implementing vaccination projects targeted at adults to reduce diseases such as human papilloma virus, hepatitis A, hepatitis B, and Pertussis. Representatives from the Communicable Disease team attend the annual Oregon Epidemiologist's Conference to integrate new information into current practice.

YCPH continues 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 (utilizing state-supplied and local vaccine), epidemiologic investigation and follow-up of reportable communicable diseases and conditions, and consultation and advice regarding suspected communicable diseases.

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

In March 2010 the communicable disease program upgraded electronic reporting capabilities to the new statewide electronic disease reporting database known as ORPHEUS. In addition to

improving disease reporting capabilities, this comprehensive system will assist communicable disease staff to more easily analyze local disease data.

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

YEAR 1

Goals:

- Fully integrate ORPHEUS into daily Communicable Disease practice for disease surveillance, monitoring and reporting by March 2010.
- Ensure communicable disease testing for clients seeking disease diagnosis and screening related to STD, TB, Hepatitis, HIV and other reportable communicable diseases.
- Initiate development of a quality assurance system for communicable disease program including areas involving direct clinical services, workforce training, and client education.

Activities:

- All Communicable Disease program registered nurses and related designated staff will utilize ORPHEUS for disease reporting starting March 2010 with all required reportable communicable disease data being entered according to reporting requirements.
- Provide screening and testing or referral when appropriate for clients seeking disease diagnosis and screening related to STD, TB, Hepatitis, HIV and other reportable communicable diseases according to clinical standards and Acute and Communicable Disease, Sexually Transmitted Disease and Tuberculosis Program requirements.
- Develop a system for periodic chart reviews of STD and CD clients seen at YCPH.
- Review and update written standing orders for all STD related clinical activities performed by public health nurses based on 2010 CDC STD Treatment Guidelines.
- Assess, develop and promote workforce training in areas of communicable disease for program staff including support for attendance of annual OR-Epi conference and essential State trainings related to STD, TB and HIV.
- Maintain reviewed and approved client educational materials and resources that are up-to-date to reflect the most current information regarding communicable disease.

Evaluation:

- All required reportable diseases are reported to the state in a manner that meets or exceeds program requirements and timelines for disease reporting and follow-up. Data is reviewed by Nurse Manager.
- Public Health clinic participates in the Region X Infertility Prevention Project, Oregon Hepatitis C Screening Pilot Project and HIV free testing site project.
- A written procedure for chart reviews will be implemented by the PH Manager and Nursing Supervisor by December 31, 2010. Clinic staff shall conduct periodic peer chart reviews of clients receiving face-to-face client services with a minimum of 10% of charts in each program area reviewed.

- At least 1 designated CD nurse will attend the OR-Epi conference. All staff performing CTRS activities will receive HIV CTRS training. Employee training needs will be assessed annually by the Public Health Nurse Manager.
- Develop materials review process ensure those that are in use, or materials that are developed in support of services, are reflective of best practices, consistent with contracted services, factually accurate, culturally and linguistically competent, adhere to community norms and values, and in compliance with contract requirements.

YEAR 2

Goals:

- Continue to utilize and integrate ORPHEUS into daily Communicable Disease practice for disease surveillance, monitoring and reporting.
- Continue to ensure communicable disease testing for clients seeking disease diagnosis and screening related to STD, TB, Hepatitis, HIV and other reportable communicable diseases.
- Continue to implement a quality assurance system for communicable disease program including areas involving direct clinical services, workforce training, and client education.

Activities:

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

Evaluation:

- All required reportable diseases are reported to the state in a manner that meets or exceeds program requirements and timelines for disease reporting and follow-up. Data is reviewed by Nurse Manager.
- Public Health clinic participates in the Region X Infertility Prevention Project, Oregon Hepatitis C Screening Pilot Project and HIV free testing site project.
- A written procedure for chart reviews will be reviewed and updated annually as necessary by the PH Manager and Nursing Supervisor by December 31, 2011. Clinic staff shall conduct periodic peer chart reviews of clients receiving face-to-face client services with a minimum of 10% of charts in each program area reviewed.

- At least one designated CD nurse will attend the OR-Epi conference. All staff performing CTRS activities will receive HIV CTRS training. Employee training needs will be assessed annually by the Public Health Nurse Manager.
- Continue development of the material review process shall include all printed materials, websites and social networking sites.

YEAR 3

Goals:

- Continue to utilize and integrate ORPHEUS into daily Communicable Disease practice for disease surveillance, monitoring and reporting.
- Continue to ensure communicable disease testing for clients seeking disease diagnosis and screening related to STD, TB, Hepatitis, HIV and other reportable communicable diseases.
- Continue to implement a quality assurance system for communicable disease program including areas involving direct clinical services, workforce training, and client education.

Activities:

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

Evaluation:

- All required reportable diseases are reported to the state in a manner that meets or exceeds program requirements and timelines for disease reporting and follow-up. Data is reviewed by Nurse Manager.
- Public Health clinic participates in the Region X Infertility Prevention Project, Oregon Hepatitis C Screening Pilot Project and HIV free testing site project.
- A written procedure for chart reviews will be reviewed and updated annually as necessary by the PH Manager and Nursing Supervisor by December 31, 2012. Clinic staff shall conduct periodic peer chart reviews of clients receiving face-to-face client services with a minimum of 10% of charts in each program area reviewed.

- At least one designated CD nurse attends the annual OR-Epi conference each year. All staff performing CTRS activities receive HIV CTRS training. Employee training needs are assessed annually by the Public Health Nurse Manager.
- Continue development of the material review process shall include all printed materials, websites and social networking sites.

Tobacco Prevention

Current Condition or Problem:

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

Data on tobacco use among youth comes from the Yamhill County Tobacco Facts Sheet, Oregon Department of Human Services, Oregon Public Health Division, of which county data is compiled for the year 2008. Annually 170 people died from tobacco related use (23 percent of all deaths in Yamhill County). In Oregon 19 percent of adults (14,164) are current smokers and among youth, 9 percent of 8th graders and 17 percent of 11th graders smoke cigarettes.

Tobacco use among pregnant women in Yamhill County is 12% which is the same as the State of Oregon average. Over \$26 million is spent for tobacco related illnesses and over \$28 million in productivity is lost due to tobacco related deaths. Yamhill County has limited tobacco cessation resources.

While tobacco use remains the number one preventable cause of death according to the Centers for Disease Control and Prevention, the rate of use continues to drop in Yamhill County. In the past five years, rates of smoking among youth have seen drastic decreases. According to the Oregon Healthy Teen survey, of which county data is available for the years of 2005-06, there are now 40% fewer 8th grade smokers and the rate of 11th grade smokers has been cut in half. These decreases far exceed those seen at the state level, which has seen a 25% decrease in 8th grade smokers and 15% decrease among 11th graders. More work still needs to be done in rural communities such as Amity, Sheridan and Willamina.

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

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. Many of them 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 the 14,164 adults who smoke, 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, and 9% of 11th graders are faced with a similar situation. 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. Currently, an estimated 850 employees working in Yamhill County are protected by Oregon’s Smokefree Workplace Law.

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

Goals:

Yamhill County Tobacco Prevention and Education Program works in coordination with the Healthy Communities program. The Best Practice Objective’s of the TPEP program are:

- Solidify infrastructure for self management programs and tobacco cessation
- Gain momentum for tobacco free and healthy worksites
- Continue to monitor and implement the indoor clean air act
- Increase smoke free multi unit housing
- Tobacco free hospitals and health systems

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

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

Activities:

Coordination and collaboration among the TPEP and Healthy Communities Program to provide ongoing infrastructure and policy to reduce tobacco use, exposure to second hand smoke, and promote healthy living.

- TPEP and Healthy Communities technical assistance for community partners to implement tobacco free policies and healthy worksites

- Provide community outreach and education for tobacco cessation and self management programs for Yamhill County
- Education and enforcement of national, state and local tobacco laws and ordinances
- TPEP and Healthy Communities technical assistance for schools, universities, community colleges, hospitals, medical clinics and health systems in implementing tobacco free campuses, tobacco cessation and self management programs
- Conduct a comprehensive community assessment to analyze Yamhill County health data.

Evaluation:

Measures include:

- Number of meetings per year and number of attendees
- Number of complaints of indoor clean air act
- Number of outdoor areas that are smoke free and/or tobacco free
- Number of hospitals and health systems that are tobacco free
- Number of Health Forums conducted
- Number of comprehensible community assessment.

Chronic Disease Prevention

Current Condition/Problem Statement:

NOTE: For a more complete look at Yamhill County Chronic Disease prevention efforts, please refer to the Yamhill County Healthy Communities plan submitted to the State of Oregon DHS Chronic Disease prevention program.

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

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

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

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

In Yamhill County, less than half of 8th graders and about one-third of 11th graders reported eating breakfast every day in the past week. Sadly, almost one-fifth 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 healthier alternatives. While soda consumption is still high, fewer youth report buying soda from school. In Yamhill County, 18.5% of 8th graders reported having at least one soda a day in the past week, but 77.5% still drank at least one soda in the past week. Consumption among 11th graders is similar with 21.6% reporting having at least one soda per day in the past week and 76.5% consuming at least one soda total in the past week.

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

Goals:

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

Activities:

- Provide technical assistance to community agencies, schools, worksites and hospitals and health systems for development of policies, guidelines and healthy environments
- Provide education and outreach to community members about chronic disease self-management and tobacco cessation programs and resources
- Hold Community Health Forum to increase communication, coordination and collaboration with community agencies
- Provide technical assistance for Comprehensive Community Health Assessment to identify gaps and barriers to, and existing health services

Evaluation:

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

HIV

Current Condition:

Yamhill County continues 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. Data suggests there are 79 people diagnosed with HIV/AIDS who currently reside in Yamhill County. These numbers, however, may not be an accurate reflection of the current situation as few people come in for testing services. This may be due to a lack of knowledge of what puts them at risk or lack of knowledge of what services are available to those who do test positive.

Goal:

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.

- Continue to enhance outreach activities to promote HIV testing and prevention
- Implement Social Networking Strategy to increase HIV testing in target subpopulations
- Evaluate the benefits of implementing Rapid HIV testing methods at YCPH
- Maintain an effective quality assurance system for HIV services

Activities:

- Work with MCH Nurses participating in Maternal Case Management to share outreach information with referring providers
- Develop roster of Recruiters with large social networks
- Perform CTRS for network associates
- Utilize incentive program to recruit Recruiters and Network Associates for HIV testing
- Health Officer and Nursing Supervisor to continue to review and enhance alternate HIV testing methods (i.e. Rapid HIV testing)
- Ensure a competent public health workforce serving clients in the YCPH clinic

Evaluation:

- All MCH nurses will ensure integration of HIV information into Maternity Case Management materials

- HIV Outreach Coordinator to continue to improve CTRS activities in high-risk populations
- Increase total number of HIV tests performed by YCPH
- Ongoing evaluation effectiveness of using rapid HIV tests in off-site locations
- Designated staff to conduct annual HIV confidentiality and BBP training
- Training records 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

Immunization

Immunizations for adults and children 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 Centers, 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.

Due to the fact that immunization data is not available through the State database, Yamhill County Public Health is not able to make projections for the coming years. Yamhill County Public Health will submit the objectives, goals, activities and evaluation measures section as an amendment at a later date when this information comes available.

Maternal Child Health

Current Condition:

Public Health continues to increase efforts to serve as an entry point to a variety of services for parents and children. A multidisciplinary team is involved in the intake process including nurses, Family Support, Healthy Start, and may also involve home visitors from other agencies. Services offered directly by Public Health include Babies First, Healthy Start, CaCoon, and Maternity Case Management (MCM). In addition to services at Public Health, the School-Based Health Center at Willamina High School serves all registered students in the district. In May 2010 a second School-Based Health Center will be open for the Yamhill-Carlton school District students.

Objective:

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

YEAR 1

Goals:

- Improve ongoing communication and outreach with providers responsible for referrals to YCPH programs.
- Decreased number of babies born with exposure to prenatal tobacco, alcohol and other drugs.
- Enhance maternity case management efforts to focus on prenatal education to improve health and birth outcomes; including outreach to pregnant and parenting youth.
- Participate in a coordinated process of reframing local public health home visiting programs to align with evidence based models, standardization, evaluation and statewide applicability.

Activities:

- Provide information and brochures to medical providers in Yamhill County, other referring providers and to partnering agencies.
- Assess birth certificate data on prenatal exposure to alcohol, tobacco and other drugs (ATOD) on an ongoing basis to use in conjunction with state assessments and resources to determine best practices for teaching clients the effects of alcohol, tobacco and other drug exposure to the unborn.
- Designate a Maternity Case Management (MCM) school liaison to provide outreach and education in pregnancy life skills programs in Yamhill County schools.
- Initiate a local collaborative team to address local home visiting to pregnant mothers and children that incorporates evidenced based practices to reach targeted populations.

Evaluation:

- Maternal Child Health case loads in home visiting programs will increase by 10% by 2011.
- By December 31, 2010 there will be a measurable reduction in babies born with exposure to prenatal tobacco, alcohol and other drug use from 13% to 11.5%.
- Youth seen in pregnancy life skills programs within public school systems will participate in MCM to receive education with 50% of these clients continuing services in the Babies First! home visiting program after delivery.
- A multidisciplinary team will be formed by June 30, 2010 to address maternal child health home visiting and anticipated program changes based on health care reform.

YEAR 2

Goals:

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

Activities:

- Continue to provide ongoing information and brochures to medical providers in Yamhill County, to other referring providers and to partnering agencies; includes meeting presentations and continued collaborative discussion with referring providers.
- Continue to regularly assess birth certificate data on prenatal exposure to alcohol, tobacco and other drugs (ATOD) on an ongoing basis to use in conjunction with state assessments and resources to implement best practices for teaching clients of the effects of alcohol, tobacco and other drug exposure to the unborn.
- The Maternity Case Management school liaison will continue to provide outreach and education in pregnancy life skills programs in Yamhill County schools and initiate further outreach to targeted populations.

- Continue formation and development of a local collaborative team to address local home visiting that incorporates evidenced based practices to reach targeted populations with a move towards program implementation.

Evaluation:

- Maternal Child Health case loads in home visiting programs will increase by additional 10% by end of calendar year 2011.
- By December 31, 2011 there will be a measurable reduction in babies born with exposure to prenatal tobacco, alcohol and other drug use from 11.5% to 10%.
- Youth seen in pregnancy life skills programs within public school systems will participate in MCM to receive education with at least 50% of these clients continuing services in the Babies First! home visiting program after delivery.
- The multidisciplinary team will meet regularly as defined by program needs to address maternal child health home visiting and implemented program changes based on health care reform.

YEAR 3

Goals:

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

Activities:

- Continue to provide ongoing information and brochures to medical providers in Yamhill County, to other referring providers and to partnering agencies; includes conducting meeting presentations and continued collaborative discussion with referring providers.
- Continue to regularly assess birth certificate data on prenatal exposure to alcohol, tobacco and other drugs (ATOD) on an ongoing basis to use in conjunction with state assessments and resources to continue to utilize best practices for teaching clients of the effects of alcohol, tobacco and other drug exposure to the unborn.
- The Maternity Case Management school liaison will continue to provide outreach and education in pregnancy life skills programs in Yamhill County schools and initiate further outreach to targeted populations.
- Continue active participation of a local collaborative team to address local home visiting that incorporates evidenced based practices to reach targeted populations with a move towards program sustainability and partnership with other resources of parents and families.

Evaluation:

- Maternal Child Health Case loads in home visiting programs will increase by additional 5% by end of calendar year 2012.
- There will be a measurable decrease in babies born with exposure to prenatal tobacco, alcohol and other drug use from 10% to 8%.
- Youth seen in pregnancy life skills programs within public school systems will participate in MCM to receive education with at least 50% of these clients continuing services in the Babies First! Home visiting program after delivery.
- The multidisciplinary team will continue to meet regularly as defined by program needs to address maternal child health home visiting and implemented program changes based on health care reform. This will include participation and collaboration with Commission on Children and Families, Early Head Start, Healthy Start, and School Based Health Centers.

Healthy Start

Current Condition:

Healthy Start continues to function with limited funds. Another statewide cut resulted in decreased staffing time which in turn resulted in a small decrease in the amount of services available for families in Yamhill County. This decrease, however, was offset somewhat by an increase in internships with Healthy Start. Four interns assisted with screening, home visits, group events, fund raising, program development, and evaluation. The program continues to fully incorporate Parents As Teachers (PAT) into the program. A statewide grant called Reading for Healthy Families has been implemented to increase early literacy and facilitate parent involvement early on with their children's literacy. Activities include reading, talking, singing and accessing the library. Healthy Start again received funds to give new board books monthly to all families. The program continues to increase collaboration with pre-natal referral sources which has resulted in an increase in pre-natal referrals. Yamhill County Healthy Start participated in a yearly site visit in Fall 2009 and will have its 2010 site visit this June. The statewide program will be receiving its national accreditation visit within the next 2 years and Yamhill County will likely be one of the 6 programs visited.

A post partum prevention project continues as an added program to the public health maternal and child health programs. It is a collaboration between the Behavioral Care Network and Yamhill County Healthy Start. Due to recent staffing and group accessibility changes, the project doubled the number of participants and became a strong resource for women at risk of post partum depression.

Problem Statement: Low home visit completion. Low 3 month family retention in services.

Goals:

- Increase home visit completion.
- Increase 3 month family retention.

Activities:

- Reschedule home visits that are missed within the same week when possible.
- Utilize natural times for celebration in order to help keep families motivated and engaged in services such as program level changes, high school graduation, birthdays, mother's day, goal attainment, etc.
- Supply incentives during visits such as transportation vouchers, baby clothing, and books
- Coordinate group activities for families in conjunction with the libraries and/or student interns (meeting other parents is a common request of families and helps keep them engaged in services).
- Analyze families individually to prioritize needs for making up home visits
- Assist and/or substitute for one another as a family support worker when someone is sick or on vacation

Evaluation:

- Continue to use the Statewide Healthy Start evaluation

Family Planning

Current Condition:

The YCPH family planning clinic opened in July 2008. Since opening, Family Planning Expansion Project (FPEP) enrollments have continued to increase gradually over time. In order to further increase enrollment YCPH plans to continue promoting the program throughout the community and address ways to reduce barriers for enrolling patients in the program. Family Planning flyers and brochures are posted in community businesses and local billboards promote these services. Services were expanded in May 2009 to begin providing Family Planning services in Sheridan at a weekly evening clinic. In addition to expanding services, YCPH has strived to ensure a variety of contraceptive methods are available to clients. Each Nurse Practitioner is trained to insert long-acting reversible contraceptive methods such as IUDs and Implanon. In May 2010 an agreement with a local provider to contract for male vasectomy services on-site was finalized.

Family Planning also began in 2008 with an outreach and education component to reduce unintended pregnancies throughout the county. An exciting venture was the creation of a Myspace and Facebook page for Family Planning (http://www.myspace.com/yamhill_family_planning) as well as a Twitter page for YCPH.

Objectives:

1. Assure ongoing access to a broad range of effective family planning methods and related preventive health services.
2. Direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.

Year 1

Goals:

- Increase number of clients served seeking vasectomy services from 0 to 5.
- Continue outreach efforts to targeted populations including outreach to schools with School Based Health Centers and North County schools.
- Increase percentage of Women in Need accessing services at YCPH from 6.4% to 12.8%
- Increase teen clients as percentage of total clients from 23.1% to 28.0%
- Increase male clients as percent of total clients from 0.7% to 2%

Activities:

- Establish provider agreements with local physicians to provide vasectomy services according to program guidelines.
- FP RN and Public Health Manager to establish monthly on-going in-service meetings with Newberg School District regarding Public Health Services.
- Continue providing FP services at SBHCs as approved in FY11' agreements.
- Continue outreach efforts established in FY10' including promotional flyers and door hangars.
- Enhance networking relationship with the Yamhill County Reduce Adolescent Pregnancy Partnership coalition to promote Public Health services.
- Participate in Health Summit in Spring 2010 to promote Public Health Services, specifically Family Planning program.
- Continue providing FP services at Willamina SBHC as approved in FY11' agreements. Open Yamhill-Carlton SBHC to provide health services to students in FY11' school year.
- Initiate outreach services to males seeking vasectomies.

Evaluation:

- Provider agreements in place by February 2010 with at least 5 vasectomy referrals provided each year.
- Number of FP and STD Program clients vaccinated against HPV during FY11'.
- FPEP Enrollments increase by 15%.
- Marked increase in proportion of Women in Need served in Yamhill County Health Clinics.
- Marked increase in % of teen clients that make up total population served.
- Marked increase in % of male clients that make up total population served.

Year 2

Goals:

- Increase number of clients served seeking vasectomy services by 10%.
- Continue outreach efforts to targeted populations including outreach to schools with School Based Health Centers and North County schools.
- Increase percentage of Women in Need accessing services at YCPH from 12.8% to 14.8%
- Increase teen clients as percentage of total clients from 28.0 to 30%
- Increase male clients as percent of total clients from 2% to 4%

Activities:

- Maintain provider agreements with local physicians to provide vasectomy services according to program guidelines.
- FP RN and Public Health Manager to maintain monthly on-going in-service meetings with Newberg School District regarding Public Health Services.
- Continue providing FP services at SBHCs as approved in current fiscal year agreements.
- Continue outreach efforts including promotional flyers and door hangars.
- Enhance networking relationship with Yamhill County Reduce Adolescent Pregnancy Partnership coalition to promote Public Health services.
- Participate in various health fairs to promote Public Health Services, specifically Family Planning program.
- Continue providing FP services at Willamina SBHC as approved in the fiscal year agreements. Maintain Yamhill-Carlton SBHC to and provide health services to students in FY11' school year.
- Continue outreach services to males seeking vasectomies.

Evaluation:

- Increase the number of FP and STD Program clients vaccinated against HPV by 50%.
- FPEP Enrollments increase by an additional 15%.
- Marked increase in proportion of Women in Need served in Yamhill County Health Clinics.
- Marked increase in % of teen clients that make up total population served.
- Marked increase in % of male clients that make up total population served.

Year 3

Goals:

- Increase number of clients served seeking vasectomy services by additional 5%.
- Continue outreach efforts to targeted populations including outreach to schools with School Based Health Centers and North County schools.
- Increase percentage of Women in Need accessing services at YCPH from by additional 2% from previous year.
- Increase teen clients as percentage of total clients by additional 2% from previous year.
- Increase male clients as percent of total clients from 4% to 6%.

Activities:

- Maintain provider agreements with local physicians to provide vasectomy services according to program guidelines.
- FP RN and Public Health Manager to maintain monthly on-going in-service meetings with Newberg School District regarding Public Health Services.
- Continue providing FP services at SBHCs as approved in current fiscal year agreements.
- Continue outreach efforts including social networking sites, promotional flyers and door hangars.
- Participate in various health fairs to promote Public Health Services, specifically Family Planning program.

- Continue providing FP services at county SBHCs as approved in the fiscal year agreements.
- Continue outreach services to males seeking vasectomy.

Evaluation:

- Increase number of FP and STD Program clients vaccinated against HPV by an additional 10% from previous years vaccination rates.
- FPEP Enrollments increase by additional 15%.
- Marked increase in proportion of Women in Need served in Yamhill County Health Clinics.
- Marked increase in % of teen clients that make up total population served.
- Marked increase in % of male clients that make up total population served.

C. Environmental health

Communicable Disease:

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

Licensed Facilities:

Over 478 food safety inspections were performed at mobile and permanent restaurants and school kitchens in 2008, as well as 61 public pool inspections, and 50 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 is working towards the goal of conducting sanitary surveys as assigned by the Oregon DHS Drinking Water Program. Ongoing efforts are being made to assure that PWSs are identified and classified appropriately, and are meeting the expanded EPA monitoring requirements. Large water systems remain under state jurisdiction.

Current Condition:

Yamhill County Environmental Health is in compliance with essential requirements of the state contract. We are 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 there were no active food borne outbreaks reported in Yamhill County this year, ongoing surveillance is continually performed.

Through an FDA grant, YCPH was able to purchase a kiosk to place in the lobby which can be used by community members to take their food handler licensure test. The test is administered in English and Spanish during business hours. The computer is in place and active and provides a testing site for persons with limited access to technology.

Goals:

Continue to provide effective and professional EH services by optimizing use of available resources and technology, and to improve public and industry education and communications.

- 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.
- Maintain expected levels of inspection frequency for licensed facilities.

Activities:

- Ensure state contract is fulfilled.

- 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 safe water
- Utilize incentives to increase Certified Food Manager class attendance to at least 60 people per year.
- Maintain risk-based inspection protocol, with routine menu consultations incorporated for appropriate high risk facilities.

Evaluation:

- Assure that 95% of all required samples are taken for all systems.
- Assure that all alerts are addressed with-in 24 hours of notification
- Assure that all SNC and Violations are addressed and resolved
- Quarterly CFM classes each attended by at least 15 people.
- Criteria established for high-risk facilities and inspection protocol developed.

D. Health statistics

Current Condition:

The Vital Records department continues to issue death and birth certificates for six months after the event to those eligible and with current identification. All records are kept confidential and, along with the security paper the certificates are printed on, are kept stored in locked cabinets in a locked area. The majority of certificates are issued from the Center of Health Statistics (CHS) vital records system called OVERS (Oregon Vital Events Registration System). All of Yamhill County's birth certificates are generated through EBRS (electronic birth registration system), and at least half of the death certificates are issued through EDRS (electronic death registration system). Only trained staff in the Vital Records department issue certificates. YCPH has three deputy registrars, all are bilingual, two who primarily issue birth certificates and the third who is also a home visiting Medical Assistant. The MA gives information to clients on how to access their children's birth certificates.

The security paper used for certificates is now being added to the master paper inventory by CHS into OVERS. It is no longer necessary to retain a master paper copy to track security paper inventory numbers; instead, the inventory numbers are documented in OVERS when certificates are generated for customers.

Yamhill County Public Health (YCPH) continues to do record amendments for clients who need to have a death or birth record corrected or changed. YCPH does paternity affidavits; whereby parental rights and responsibilities are explained to the biological parent. The vital records department provides Notary service, no at no charge, for individuals requesting changes or corrections to records, including paternity affidavits.

The YCPH Vital Records department provides services to other Yamhill County agencies. The list of deaths in the county is sent to the County Clerk on a weekly basis (ORS 247.570) for voter registration removal. White copy certificates, stamped "for government use only," are given to the Mental Health department to staff assigned to do Protective Service Investigations (ORS 192.517). Additionally, a free Veteran's Copy is sent to the Veteran's department for any veteran who died in Yamhill County. Yamhill County has two Medical Examiners who create their own monthly ME call schedule. As their liaison, YCPH sends the call schedule out either by e-mail or FAX to the hospitals, law enforcement agencies, and funeral homes in Yamhill County.

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

Goals:

- Continue to issue certificates to customers with 100% accuracy and within the 24 hour time period.

- Continue to enroll users in the Biometric Enrollment system so that eventually 100% of death certificates can be signed digitally and can then be generated through the OVERS system.
 - Be able to make amendments to certificates on-line, making the availability of certificates to customers quicker.
- Once all death and birth records can be generated from the OVERS system, the CHS office will be able to compile and analyze the data, making this primary statistical health data available.
- Increase the number of customers who come in to purchase certificates within the six month period given to generate certificates.

Activities:

- Continue training on the OVERS systems as updates occur
- Be able to generate certificates to customers efficiently and quickly and with 100% accuracy.
- Continue to receive and retain “Matters of Record”, news from the Center for Health Statistics concerning Oregon County Vital Records
- Update contact list of numbers to call if additional clarification is needed
- Continue to enroll eligible users in the Biometric Enrollment system
- Keep brochure in English and Spanish explaining to new parents how to obtain a birth certificate if their child was born in Yamhill County updated and informative
 - Distribute regularly to county hospitals
 - Keep on hand in the waiting area of the Health Department
 - Home visiting medical assistant, who is also a Deputy Registrar, will continue to provide this information to new parents and answer any questions they may have

Evaluation:

- Fewer paper copies of certificates as Vital Records staff continue using the OVERS system
 - In the coming years there will no longer be paper copies of death certificates and all records will be issued from the OVERS registration system.
- Increased enrollment in the Biometric system as the Vital Records area has become more accessible to customers
- Compare Vital Records revenue to previous years, to see how much YCPH has increased the number of clients purchasing birth certificates

E. Information and referral

Current Condition:

Information and referral is an activity that takes place across all programs within Yamhill County Public Health. Client needs are assessed and referrals made for issues that could be addressed by other county or community agencies. Special attempts are made to educate healthcare providers, social service providers, school staff, probation officers and others as to the services available and eligibility requirements of Public Health programs.

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 was staffed full-time to provide information about H1N1 vaccinations from October 2009 – January 2010.

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

In 2009, as cooperative effort between the Commission on Children and Families and United Way, Yamhill County 211 was started. 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. Information is updated in a timely manner and well-used and shared throughout agencies via internet, phone and in-print.

While there is a lot of information sharing, there is still room for improvement. Through the community assessment conducted as part of the Healthy Communities program in 2008, increased communication, coordination and collaboration among agencies and the public was identified as the area that needed the most attention.

Goals:

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

Activities:

- Help clients identify needs
- Promote community wellness
- Interview clients to identify eligibility for local, state and national resources

- Increase number of children enrolled in Oregon Healthy Kids and number of adults enrolled OHP by interviewing children and families and referring clients to appropriate organizations for OHP certification/enrollment
- Update automated phone message on health information line, blast fax, and mass emails during times of public health preparedness emergencies for getting information to the public
- Provide culturally sensitive materials

Evaluation:

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

F. Public Health Emergency Preparedness

Current Condition:

Public Health Emergency Preparedness (PHEP) staff have been through a challenging year. With the addition last year of the Cities Readiness Initiative (CRI) there has been increased attention to the Strategic National Stockpile/Mass Prophylaxis plan. A score of 72/100 was obtained at the Technical Assistance Review by the CDC. H1N1 proved to be very much time-consuming although it was an event that utilized years of planning efforts around the county, state and nation.

Through the pandemic, YCPH was able to strengthen existing relationships with agencies as well as develop new partnerships. Activities included community engagement, surge capacity staff recruitment and training, mass prophylaxis, inventory management, public information, as well as utilizing the incident command structure.

YCPH set 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.

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.

Over the past year an AmeriCorp Vista volunteer has been working on developing the Medical Reserve Corp program. This will further enhance the capability of YCPH to respond to health-threats by increasing surge capacity. Nine new members were recruited and trained this past year.

Year 1

Goals:

- Continue to improve the TAR score from 72 to 80.
- Build surge capacity by ensuring appropriate staff receive training.
- Develop Continuity of Operations Plan (COOP) in conjunction with Region 2 counties.
- Recruit more agencies for the Push Partner Registry.
- Revise plans as appropriate.

Activities:

- The Preparedness Coordinator will conduct and document required drills, trainings and awareness to improve the TAR score.
- The Preparedness Coordinator will implement and revise the training plan in conjunction with Emergency Management.
- HHS representative will work with Emergency Management to develop the COOP plan for Public Health.

- The Preparedness Coordinator will work with CRI to revise the PPR and conduct outreach for recruiting of agencies.
- Plans will be reviewed and revised as appropriate by the Preparedness Coordinator, Nursing Supervisor and other staff.

Evaluation:

- By June 2011, a TAR score of 80 will be obtained.
- By June 2011, 95% of staff training related to PHEP will be properly documented.
- By June 2011, A COOP Plan will have been developed and staff trained appropriately.
- By June 2011, revisions will occur to the PPR and five new agencies will sign up.
- By June 2011, adoption and/or revision of emergency plans, and exercising of existing plans, policies and procedures.

Year 2

Goals:

- Maintain the TAR score to 80.
- Build surge capacity by involving trained staff in exercises.
- The COOP plan will be exercised appropriately.
- Recruit more agencies and conduct exercise for the Push Partner Registry.

Activities:

- The Preparedness Coordinator will conduct and document required drills, trainings and awareness to improve the TAR score.
- The Preparedness Coordinator will implement and revise the training plan in conjunction with Emergency Management.
- The Preparedness Coordinator will work with HHS administration and Emergency Management to exercise the COOP plan for Public Health.
- The Preparedness Coordinator will work with CRI to conduct outreach and exercises with new PPR agencies.

Evaluation:

- By June 2012, a TAR score of 80 will be maintained.
- By June 2012, 95% of staff will participate in an exercise related to PHEP.
- By June 2012, the COOP Plan will have been exercised and an after action report completed.
- By June 2012, at least three PPR agencies will participate in a testing of their plans, policies or procedures.

Year 3

Goals:

- Continue to improve the TAR score from 80 to 85.
- Build surge capacity by ensuring appropriate staff receive training.
- Revise the Continuity of Operations Plan (COOP) as appropriate in conjunction with Region 2 counties and Emergency Management.

Activities:

- The Preparedness Coordinator will conduct and document required drills, trainings and awareness to improve the TAR score.
- The Preparedness Coordinator will revise the training plan in conjunction with Emergency Management.
- HHS representative will work with Emergency Management to revise the COOP plan for Public Health.

Evaluation:

- By June 2013, a TAR score of 85 will be obtained.
- By June 2013, a revised training and exercise plan will be submitted to the state.
- By June 2013, A COOP Plan will have been revised and staff trained appropriately.

G. Other Issues

Dental

Current Condition:

According to the 2006 Oregon Healthy Teens survey, only 67% of 8th graders in our county saw a dental professional in the past year and yet 74% have had a cavity. Among 11th graders in our county, the number increases to 70% that have seen a dental professional in the past year and 75% have had a cavity.

Goal:

- Provide access to pain management and restorative dental care for adults and children who are lacking adequate dental coverage
- Create self sustaining dental program in Yamhill County

Activities:

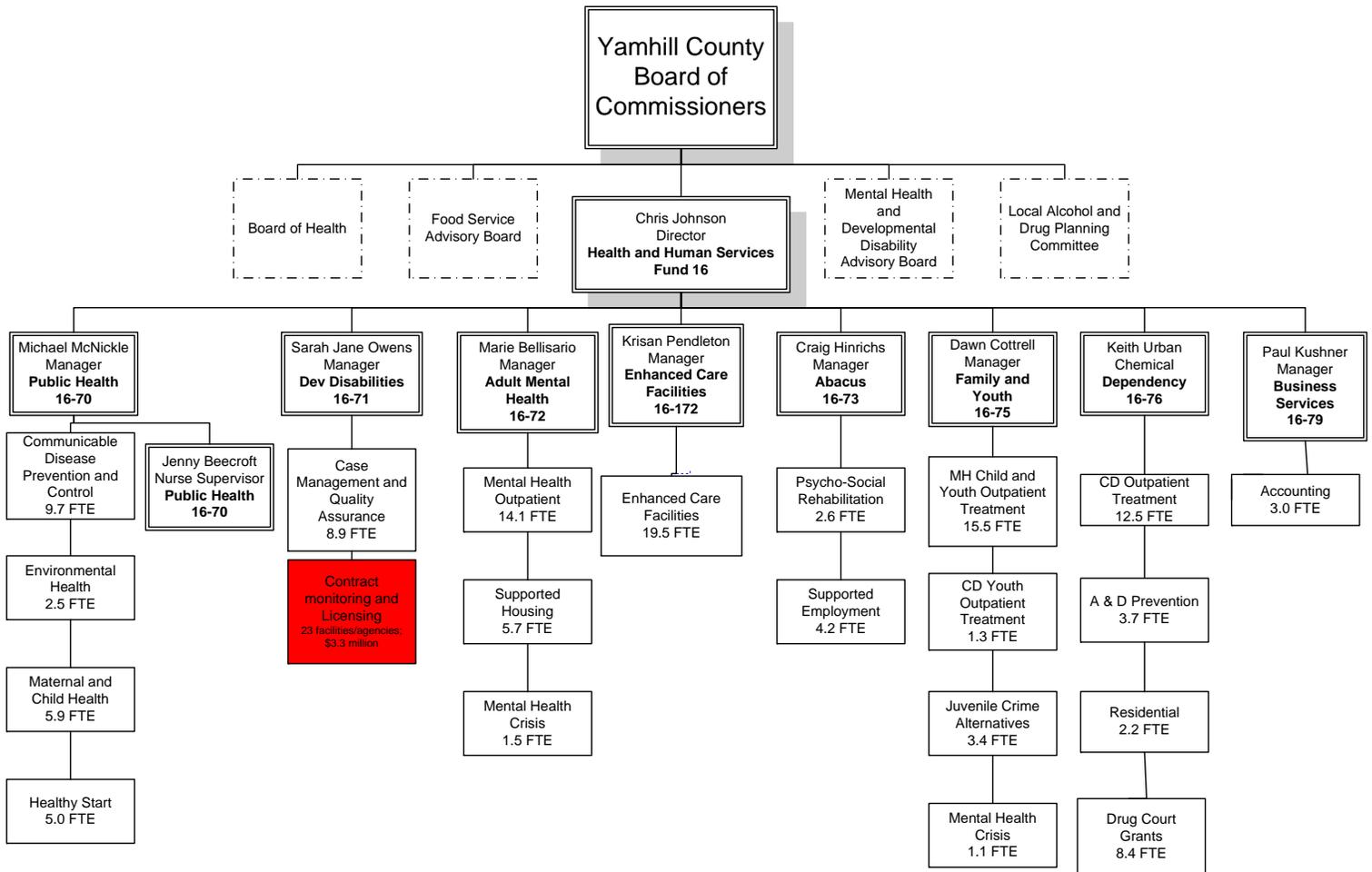
- Provide dental hygienist services at the Yamhill-Carlton and Willamina School-Based Health Centers as well as at the Yamhill County Health Department
- Establish a Yamhill County Neighborhood Dentist program whereby those lacking access to dental care can be referred for services
- Acquire grant funding to purchase dental chair and equipment
- Establish billing system to generate enough funds through the Oregon Health Plan to create ongoing sustainability of the dental hygienists' services

Evaluation:

- Track number of clients served by dental hygienist
- Track number of clients referred to Neighborhood dentists
- List of Yamhill County dentists willing to participate in Neighborhood Dental program
- Analyze overhead costs versus income generated following the first year of the program

IV. Additional Requirements

1. Organizational Chart for Yamhill County Health and Human Services



2. Description of BOH and Advisory Boards:

Board of 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 communication about clinic services within the community.

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

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

- Healthy Start
- Early Intervention
- YC CCF

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

4. Under separate cover you may receive a letter about your last triennial review. If needed, use this section to describe how you will improve your compliance.

Statement regarding Senate Bill 555 coordination:

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

V. Unmet needs

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

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

VI. Budget

The Yamhill County budget is available on the web at:

<http://www.co.yamhill.or.us/>

Yamhill County operates on an annual budget. Currently, the budget is for the 2009-2010 fiscal year. When the 2010-2011 budget is available, it will also be posted on this website.

VII. Minimum Standards

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

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

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

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

Nutrition

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

Older Adult Health

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

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

Parent and Child Health

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

Primary Health Care

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

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Silas Halloran-Steiner

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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

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

Mike McNickle
Local Public Health Authority

Yamhill
County

5/25/2010
Date

Yamhill County Public Health Immunization Comprehensive Triennial Plan: Part A

Year 1: January 2010-December 2010				
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)
<p>A. Increase the up-to-date rate for 2 year olds (431331) seen at Yamhill County Public Health by 1 % a year over the next 3 years</p>	<ul style="list-style-type: none"> ○ Review annual AFIX assessment data to determine baselines and benchmarks ○ Review and update written Vaccine Management procedures ○ Provide staff in-services covering the CDC Immunization Update 2009 and the CDC Immunization Encounter: Critical Issues training series. ○ Address issues related to Immunization Best Practices in multi-disciplinary Clinic Team Meetings. Topics to include: <ul style="list-style-type: none"> ○ Vaccine administration techniques ○ Vaccine updates, supply, outbreaks, etc. ○ Using only true contraindications when deferring shots ○ Catch up schedule ○ Use Forecaster to screen every child seen at every visit ○ Giving every shot due at any visit where child is seen ○ Vaccine safety education and talking to hesitant parents ○ Fully screen each patient for imms at every visit and immunize as needed. ○ Assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. ○ Continue to develop and improve in-house reminder / recall system ○ Give all shots due unless truly contraindicated ○ Provide vaccine education to parents ○ Parents make next appointments before leaving clinic—appointment card with earliest return date handed to front desk staff ○ Provide parents with a written reminder for return to clinic for next scheduled vaccinations. ○ Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits. ○ Use IRIS recall process 	<p>Date Dec. 2010</p>	<p>Staff B.D. and J.B.</p>	<p><i>Review and Update end of Calendar Year 2010</i></p> <ul style="list-style-type: none"> ○ Baseline set ○ Protocols written and reviewed by staff on: ____ ○ In-services held on: ____ <ul style="list-style-type: none"> ○ Topics covered: ○ # attendees @ each in-service ○ Screening & imms at every visit. ○ 2009 timeliness report from OIP improved from ____% to ____% from 2009 ○ Training/Meeting held for WIC staff on ____. ○ Recall/reminder system in place and in use on ____ ○ Immunization and cross-trained staff trained to talk with parents and able to answer questions about vaccine safety _____. ○ Babies 1st PHNs now providing imm education at home visits.

<p>B. Decrease the Yamhill County Public Health missed shot rate 1 % each year for 3 years</p>	<ul style="list-style-type: none"> ○ Use most recent AFIX assessment data as the baseline for missed shot rate ○ Train staff on ways to decrease missed opportunities. Training to include: <ul style="list-style-type: none"> ○ Current best practice standards & practices ○ Using only true contraindications when deferring shots ○ Catch up schedule ○ Use forecaster to screen every child seen at every visit ○ Giving every shot due at any visit where child is seen ○ Vaccine safety education and talking to hesitant parents ○ Vaccine administration tips to lessen parent and baby stress ○ Data entry ○ Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots ○ Fully screen each patient for imms at every visit and immunize as needed. ○ Provide vaccine education to parents, including: <ul style="list-style-type: none"> ○ Take home materials on vaccine safety ○ Simplified immunization schedule for first 2 years ○ Assure every shot is entered in immunization database from clinic and other sites within 14 days of administration. ○ Give all shots due unless truly contraindicated 	<p>Due Dec. 2010</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2010</i></p> <ul style="list-style-type: none"> ○ Baseline set ○ Protocols written and reviewed by staff on: ____ ○ Training(s) held for staff on ____ ○ Monthly IIS reports reviewed with staff and results shared with staff for discussion ○ Screening & imms at every visit by all staff ○ 2009 timeliness report from OIP improved from __% to __% . ○ Staff trained and understand policy of giving all shots due unless parent refuses even after education & counseling ○ Process created for same-day WIC referrals to HD for imms ○ 2010 Missed Shot rate in AFIX assessment decreased from __% to __%
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<p>C. Increase Yamhill County Public Health rate of 24 month olds with their 4th DTaP by 6% over 3 years</p>	<ul style="list-style-type: none"> ○ Create or update policy of giving 4th DTaP dose at 12 months ○ Provide staff training to include the following: <ul style="list-style-type: none"> ○ Review policy and consistency of screening children for 4th DTaP at 12 months or at minimum spacing after 3rd dose ○ Strategies to improve 4th DTaP ○ Vaccine safety education and talking to hesitant parents ○ Forecasting all childhood immunizations using IRIS or ALERT. ○ Create & implement reward plan to encourage parents to return for 4th DTaP (ex: free t-shirt “up to date at 2”, picture books, coffee coupons, etc.). ○ Use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit ○ Use 4th DTaP report in IRIS/ALERT to identify patients lacking 4th dose ○ Design & implement reminder/recall system to help families return to clinic for 12-24 month visits ○ Decrease barriers by offering shots 5 days-a- week instead of one 	<p>Due Dec. 2010</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2010</i></p> <ul style="list-style-type: none"> ○ Policy and procedures completed by _____ ○ ___#___ of staff trainings held on ___[dates]___ ○ Incentives chosen and purchased ___[date]___ ○ ___#___ of incentives given out by end of year ○ Combo vaccines used ○ Quarterly 4th DTaP reports pulled, reviewed and used to contact families ○ Recall/reminder system created and implemented by ___[date]___ ○ Walk in shot clinic hours expanded by ___[date]___ ○ 4th DTaP rate increases by ___%___
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Year 2: January 2011-December 2011			
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)

<p>A. Increase the up-to-date rate for 2 year olds (431331) seen at Yamhill County Public Health by 1 % a year over the next 3 years</p>	<ul style="list-style-type: none"> ○ Review annual AFIX assessment data to determine baselines and benchmarks ○ Review and update written Vaccine Management procedures ○ Continue to provide staff in-services . ○ Continue to address issues related to Immunization Best Practices in multi-disciplinary Clinic Team Meetings. Topics to include: <ul style="list-style-type: none"> ○ Vaccine administration techniques ○ Vaccine updates, supply, outbreaks, etc. ○ Using only true contraindications when deferring shots ○ Catch up schedule ○ Use Forecaster to screen every child seen at every visit ○ Giving every shot due at any visit where child is seen ○ Vaccine safety education and talking to hesitant parents ○ Fully screen each patient for imms at every visit and immunize as needed. ○ Assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. ○ Continue to develop and improve in-house reminder / recall system ○ Give all shots due unless truly contraindicated ○ Provide vaccine education to parents ○ Parents make next appointments before leaving clinic—appointment card with earliest return date handed to front desk staff ○ Provide parents with a written reminder for return to clinic for next scheduled vaccinations. ○ Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits. ○ Continue to use IRIS IIS recall process 	<p>Date Dec 2011</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2011</i></p> <ul style="list-style-type: none"> ○ Baseline set ○ Protocols written and reviewed by staff on: ____ ○ In-services held on: ____ <ul style="list-style-type: none"> ○ Topics covered: ○ # attendees @ each in-service ○ Screening & imms at every visit. ○ 2009 timeliness report from OIP improved from __% to __% ○ Training held for WIC staff on ____ . Referral form developed and in use ○ Recall/reminder system in place and in use on ____ ○ Immunization and cross-trained staff trained to talk with parents and able to answer questions about vaccine safety ○ Babies 1st PHNs now providing imm education at home visits.
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<p>B. Decrease the Yamhill County Public Health missed shot rate 1 % each year for 3 years</p>	<ul style="list-style-type: none"> ○ Use most recent AFIX assessment data as the baseline for missed shot rate ○ Continue to train staff on ways to decrease missed opportunities. Training to include: <ul style="list-style-type: none"> ○ Current best practice standards & practices ○ Using only true contraindications when deferring shots ○ Catch up schedule ○ Use forecaster to screen every child seen at every visit ○ Giving every shot due at any visit where child is seen ○ Vaccine safety education and talking to hesitant parents ○ Vaccine administration tips to lessen parent and baby stress ○ Data entry ○ Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots ○ Fully screen each patient for imms at every visit and immunize as needed. ○ Provide vaccine education to parents, including: <ul style="list-style-type: none"> ○ Take home materials on vaccine safety ○ Simplified immunization schedule for first 2 years ○ Assure every shot is entered in immunization database from clinic and other sites within 14 days of administration. ○ Give all shots due unless truly contraindicated 	<p>Due Dec. 2011</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2011</i></p> <ul style="list-style-type: none"> ○ Baseline set ○ Protocols written and reviewed by staff on: ____ ○ Training(s) held for staff on ____ ○ Monthly IIS reports reviewed with staff and results shared with staff for discussion ○ Screening & imms at every visit by all staff ○ 2009 timeliness report from OIP improved from __% to __%. ○ Staff trained and understand policy of giving all shots due unless parent refuses even after education & counseling ○ Process created for same-day WIC referrals to HD for imms ○ 2011 Missed Shot rate in AFIX assessment decreased from __% to __%
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<p>C. Increase Yamhill County Public Health rate of 24 month olds with their 4th DTaP by 6% over 3 years</p>	<ul style="list-style-type: none"> ○ Update and Review policy of giving 4th DTaP dose at 12 months ○ Continue to provide staff training to include the following: <ul style="list-style-type: none"> ○ Review policy and consistency of screening children for 4th DTaP at 12 months or at minimum spacing after 3rd dose ○ Strategies to improve 4th DTaP ○ Vaccine safety education and talking to hesitant parents ○ Forecasting all childhood immunizations using IRIS or ALERT. ○ Maintian reward plan to encourage parents to return for 4th DTaP (ex: free t-shirt “up to date at 2”, picture books, coffee coupons, etc.). ○ Use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit ○ Use 4th DTaP report in IRIS/ALERT to identify patients lacking 4th dose ○ Continue using reminder/recall system to help families return to clinic for 12-24 month visits ○ Decrease barriers by offering shots 5 days-a- week instead of one 	<p>Due Dec. 2011</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2011</i></p> <ul style="list-style-type: none"> ○ Policy and procedures completed by _____ ○ ___#___ of staff trainings held on __[dates]__ ○ Incentives chosen and purchased __[date]__ ○ ___#___ of incentives given out by end of year ○ Combo vaccines used ○ Quarterly 4th DTaP reports pulled, reviewed and used to contact families ○ Recall/reminder system created and implemented by __[date]__ ○ 4th DTaP rate increases by ___%__
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Year 3: January 2012-December 2012

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)
<p>A. Increase the up-to-date rate for 2 year olds (431331) seen at Yamhill County Public Health by 1 % a year over the next 3 years</p>	<ul style="list-style-type: none"> ○ Review annual AFIX assessment data to determine baselines and benchmarks ○ Review and update written Vaccine Management procedures ○ Continue to provide staff in-services . ○ Address issues related to Immunization Best Practices in multi-disciplinary Clinic Team Meetings. Topics to include: <ul style="list-style-type: none"> ○ Vaccine administration techniques ○ Vaccine updates, supply, outbreaks, etc. ○ Using only true contraindications when deferring shots ○ Catch up schedule ○ Use Forecaster to screen every child seen at every visit ○ Giving every shot due at any visit where child is seen ○ Vaccine safety education and talking to hesitant parents ○ Fully screen each patient for imms at every visit and immunize as needed. ○ Assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. ○ Continue to develop and improve in-house reminder / recall system ○ Give all shots due unless truly contraindicated ○ Provide vaccine education to parents ○ Parents make next appointments before leaving clinic—appointment card with earliest return date handed to front desk staff ○ Provide parents with a written reminder for return to clinic for next scheduled vaccinations. ○ Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits. ○ Use IRIS IIS recall process 	<p>Date Dec 2012</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2012</i></p> <ul style="list-style-type: none"> ○ Baseline set ○ Protocols written and reviewed by staff on: ____ ○ In-services held on: ____ <ul style="list-style-type: none"> ○ Topics covered: ○ # attendees @ each in-service ○ Screening & imms at every visit. ○ 2009 timeliness report from OIP improved from __% to __% from 2008 ○ Training held for WIC staff on ____ . Referral form developed and in use ○ Recall/reminder system in place and in use on ____ ○ Immunization and cross-trained staff trained to talk with parents and able to answer questions about vaccine safety ○ Babies 1st PHNs now providing imm education at home visits.

<p>B. Decrease the Yamhill County Public Health missed shot rate 1 % each year for 3 years</p>	<ul style="list-style-type: none"> ○ Use most recent AFIX assessment data as the baseline for missed shot rate ○ Continue to train staff on ways to decrease missed opportunities. Training to include: <ul style="list-style-type: none"> ○ Current best practice standards & practices ○ Using only true contraindications when deferring shots ○ Catch up schedule ○ Use forecaster to screen every child seen at every visit ○ Giving every shot due at any visit where child is seen ○ Vaccine safety education and talking to hesitant parents ○ Vaccine administration tips to lessen parent and baby stress ○ Data entry ○ Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots ○ Fully screen each patient for imms at every visit and immunize as needed. ○ Provide vaccine education to parents, including: <ul style="list-style-type: none"> ○ Take home materials on vaccine safety ○ Simplified immunization schedule for first 2 years ○ Assure every shot is entered in immunization database from clinic and other sites within 14 days of administration. ○ Give all shots due unless truly contraindicated 	<p>Due Dec 2012</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2012</i></p> <ul style="list-style-type: none"> ○ Baseline set ○ Protocols written and reviewed by staff on: ____ ○ Training(s) held for staff on ____ ○ Monthly IRIS/ALERT reports reviewed with staff and results shared with staff for discussion ○ Screening & imms at every visit by all staff ○ 2009 timeliness report from OIP improved from __% to __% from 2008 ○ Staff trained and understand policy of giving all shots due unless parent refuses even after education & counseling ○ Process created for same-day WIC referrals to HD for imms ○ 2009 Missed Shot rate in AFIX assessment decreased from __% to __%
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<p>C. Increase Yamhill County Public Health rate of 24 month olds with their 4th DTaP by 6% over 3 years</p>	<ul style="list-style-type: none"> ○ Maintain and review policy of giving 4th DTaP dose at 12 months ○ Continue to provide staff training to include the following: <ul style="list-style-type: none"> ○ Review policy and consistency of screening children for 4th DTaP at 12 months or at minimum spacing after 3rd dose ○ Strategies to improve 4th DTaP ○ Vaccine safety education and talking to hesitant parents ○ Forecasting all childhood immunizations using IRIS or ALERT. ○ Maintain incentive and reward plan to encourage parents to return for 4th DTaP (ex: free t-shirt “up to date at 2”, picture books, coffee coupons, etc.). ○ Use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit ○ Use 4th DTaP report in IRIS/ALERT or IIS to identify patients lacking 4th dose ○ Continue to maintain reminder/recall system to help families return to clinic for 12-24 month visits ○ Decrease barriers by offering shots 5 days-a- week instead of one 	<p>Due Dec 2012</p>	<p>Staff B.D. and J.B</p>	<p><i>Review and Update end of Calendar Year 2012</i></p> <ul style="list-style-type: none"> ○ Policy and procedures completed by _____ ○ ___#___ of staff trainings held on ___[dates]___ ○ Incentives chosen and purchased ___[date]___ ○ ___#___ of incentives given out by end of year ○ Combo vaccines used ○ Quarterly 4th DTaP reports pulled, reviewed and used to contact families ○ Recall/reminder system created and implemented by ___[date]___ ○ 4th DTaP rate increases by ___%___
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<p>B. Promote AFIX in:</p> <ul style="list-style-type: none"> ○ private provider offices ○ Delegate Agencies 	<ul style="list-style-type: none"> ○ Commit staff time and resources to project ○ Determine the number of private providers in county; ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years ○ Arrange for OIP assistance with this project ○ Participate in AFIX training in order to answer questions during recruitment ○ Dedicate staff time to contacting and recruiting 1/3 of providers on list per year for an assessment. Keep recruiting until required # reached. ○ Keep list of “no-thanks” clinics to contact next year ○ Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) ○ OIP to run assessments and present feedbacks ○ Provide reminder call to clinic 1 week prior to feedback ○ Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc. ○ Post-feedback, send note of appreciation to provider and recommend annual assessments 	<p>Dec 2011</p>	<p>BD JB MM</p>	<ul style="list-style-type: none"> ○ List of providers created and possible clinics to recruit for AFIX identified by ____ ○ OIP committed to provide services on ____ ○ AFIX materials gotten from OIP and CDC. Reviewed by ____ ○ Clinics contacted and educated on benefits of free AFIX assessment & feedback with staff ○ List updated with 2nd year prospects ○ Monthly and then bi-weekly contact with OIP health educator Reminder calls made ○ Number of Feedbacks held <ul style="list-style-type: none"> ○ Name of clinic(s) ○ Feedback dates ○ # participants at each ○ Thank you notes sent post-feedback within 2 weeks of presentation
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<p>C. The Yamhill County Immunization Program will develop, and maintain an Immunization Coalition</p>	<ul style="list-style-type: none"> ○ Commit staff time and resources to project ○ Identify & assess local immunization issues & concerns ○ Talk with other county health departments that have started coalitions. Do other research as needed ○ Identify possible members who may be interested in partnering on immunization issues ○ Recruit/invite people to attend <ul style="list-style-type: none"> ○ Set date/time ○ Send invitations ○ Create agenda ○ Invite speaker (if desired) ○ Locate & arrange space for meeting ○ Provide food or drinks if possible ○ TA from State IZ program Health Educator ○ Other tasks as needed ○ Host meeting <ul style="list-style-type: none"> ○ Work with attendees to identify group's focus and interests ○ Determine members who will help and participate ○ Plan future meetings and determine frequency ○ Plan future activities ○ Develop resources for group (with participant help) including: <ul style="list-style-type: none"> ○ By-laws ○ List of members ○ Coalition standards ○ Guest Speaker list ○ Schedule future meetings and agendas <ul style="list-style-type: none"> ○ Invitations ○ Agenda ○ Site preparation ○ Other activities as needed 	<p>Dec 2010-2012 Ongoing</p>	<p>BD JB MM</p>	<ul style="list-style-type: none"> ○ Staff time committed and project begun on ____ ○ Assessment of local issues completed by ____ ○ Contact with 2 or more LHD to get info on their coalitions made by ____ <ul style="list-style-type: none"> ○ Names of LHDs contacted ○ Invitees determined by ____ ○ 1st coalition meeting set ○ Arrangements for coalition meeting completed ○ 1st Meeting held on ____ <ul style="list-style-type: none"> ○ # of participants attending ○ Sub-groups determined ○ Next meeting set ○ Resources developed <ul style="list-style-type: none"> ○ Dates and type ○ Coalition begun and continuing commitment from LHD in place ○ Schedule of future meetings
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<p>D. The Yamhill County Immunization Program will create, develop and implement an HPV vaccination outreach project.</p>	<ul style="list-style-type: none"> ○ Commit staff time and resources to project ○ Identify & assess local immunization issues & concerns regarding HPV vaccination and disease burden. ○ Schedule in-house team meetings to work on outreach project. Meet regularly. <ul style="list-style-type: none"> ○ Set date/time for meetings ○ Develop outreach materials and resources for target audiences. ○ Partner with YCPH Programs: STD Program, Family Planning Program, etc. ○ Partner with other agencies: YC Jail, Youth detention program, Adult Mental Health , Local Providers, local colleges and universities, etc. ○ Order special project vaccine, maintain inventory and track doses administered. 	<p>2010 and ongoing</p>	<p>BD JB MM</p>	<ul style="list-style-type: none"> ○ Staff time committed and project begun on ____ ○ Assessment of local issues completed by ____ ○ Resources developed <ul style="list-style-type: none"> ○ Dates and type ○ Schedule of future meetings ○ Assess number of HPV vaccinations administered and number of series completed.
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