



Community Health Division
Public Health Services
Triennial Plan
2011-2012 Annual Update

TABLE OF CONTENTS

	<u>Page</u>
Executive Summary.	3
Assessment Update – unchanged from 2008-2010 Triennial Plan	3
Action Plan	
Epidemiology and Control of Preventable Diseases and Disorders	4
Communicable Diseases and Tuberculosis	4
Human Immunodeficiency Virus	4
Parent and Child Services.	4-5
Women, Infants and Children Nutrition.	4
Immunization	4
Family Planning	4
Maternal and Child Health Home Visiting	4
School-Based Health Centers	4-5
Tobacco Prevention and Education Program	5
Environmental Health	5-6
Public Health Emergency Preparedness	6
Oral Health	6-7
Additional Requirements.	8
Unmet Needs.	8
Budget	8
Budget Officer Contact Information	8
Minimum Standards	9-19
Signature Page	20
<u>Attachments</u>	
A WIC Nutrition Education Plan - Staff Training Plan	21
B Immunization Program – Plan A	22
C Immunization Program – Plan B	23-24
D Organizational Chart	25

**CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2010 – 2012 ANNUAL UPDATE**

Executive Summary

Clackamas County Public Health Services is engaged in understanding and helping to shape Health Care Reform in Oregon. The transformation of the health system holds hope and the promise of more efficient and effective services and better health outcomes. At the same time, such fundamental change in a negative economic environment is concerning – how will Public Health fit into the new structure? We continue to work with a community collaborative to improve health care access and with school districts interested in developing school-based health centers. These activities, along with work with the dental health collaborative, contribute to improving the overall system of care in Clackamas County.

We are moving ahead with plans for Public Health Accreditation, in order to better align our programs and services with established national health standards. We are preparing for a strategic planning process, an update of our community needs assessment and the development of a comprehensive quality improvement process, building on the Lean tools we have begun to use.

We completed our community assessment process, the Roadmap to Healthy Communities, in 2010. Our review of health-related data revealed preventable chronic diseases as common causes of disability and death. The results of our community surveys and meetings showed us that there was interest in a community response to addressing obesity rates and tobacco use, and to creating opportunities for physical activity and access to fresh, healthy foods. Our Board of County Commissioners funded an RFP process allowing us to work with 13 community projects, located throughout the county, designed to address health concerns.

Our staff continues to be focused on providing services within program-oriented funding streams that don't allow for shifting resources to emerging health needs. It is important to maintain and strengthen our ability to protect the public from communicable diseases and other health threats. Some services that work with individuals may move to other parts of the health system over time, or be redesigned to better integrate with other health and education services. We will keep abreast of emerging research in the areas of climate change and its effects on health, as well as health impacts of land use and development. Building partnerships with other county departments, community organizations and schools of public health and health professions will be critical to accomplishing community health goals and creating a relevant population health presence in a reformed health system.

Assessment. Unchanged from the current 2008-2010 Triennial Plan. The community health assessment will be thoroughly updated in the next comprehensive triennial plan.

Action Plan. Unless otherwise noted within, there is no change from the current plan.

Epidemiology and Control of Preventable Diseases and Disorders

Communicable Disease: The program has a new nursing supervisor, Cathy Perry. She is working with the Deputy Health Officer and CD team, which also provides TB services and some oversight of vaccine preventable diseases, to develop goals. Goals and objectives will be addressed in next triennial plan.

Human Immunodeficiency Virus (HIV): In process of developing a plan with other regional counties to contract with a community agency to provide many of the service elements of the program. We currently provide program planning and oversight and contract counseling and testing services.

Parent and Child Services

Maternal and Child Health Home Visiting: The team has a new nursing supervisor, Cathy Perry. She is working with them to develop goals. At this time there is no change in the plans for this team.

Family Planning: No change.

WIC: See attached.

Immunization: See attached.

School-Based Health Centers:

Accomplishments July 1, 2010 – March 31, 2011

- Clackamas County Community Health Division received \$35,000 from Kaiser Permanente Community Fund for *Clackamas Youth Voice*, a project to increase SBHC utilization and address social determinants of health.
- Students from Canby, Milwaukie and Oregon City High Schools attended the annual SBHC meeting in Forest Grove, October 8th, 2010.
- Oregon Trail School District assembled a steering committee and community advisory board to discuss the possibility of implementing a health center in their current or new high school building.
- Oregon City High School hosted an open house for the health center in January. Community leaders attended including Commissioners Bernard and Savas; City Councilman, Rocky Smith; and School Board Member, Carol Sturman.
- Canby High School-Based Health Center Youth Advisory Board implemented a depression and suicide awareness campaign in January.

- Students from Canby, Milwaukie and Oregon City High Schools attended advocacy day in Salem on February 9th. They spoke with their local legislators about the value of SBHCs and asked for ongoing financial support.
- Senator Alan Olsen toured the health center at Oregon City High School on April 1st.
- Clackamas County Community Health hosted meetings for partners from Canby, Estacada, Milwaukie, Oregon City, and Sandy High Schools; Outside In, and Legacy Health System November 16, 2010 & March 29, 2011 to share information and leverage resources.
- Milwaukie High School will host a SBHC Youth Advocacy Summit on April 28th for students from Canby, Estacada, Oregon City and Sandy High Schools. The event is a collaboration with Clackamas County Community Health, Oregon Department of Education, the State SBHC Program and the Oregon School Based Health Care Network.

Goals July 1, 2011 – June 30, 2012

- Enroll more students in OHP to increase the reimbursement for services provided in the SBHCs
- Implement electronic health records in the Canby and Oregon City High School health centers
- Implement the *Clackamas Youth Voice Project*
- Enable students to participate in the SBHC annual meeting in October 2011
- Increase access to mental health services to students in Oregon City High School
- Expand reproductive health care services in Canby High School
- Secure funding to construct health centers in Milwaukie and Estacada High Schools
- Recruit a medical sponsor and garner community support for a health center in Sandy High School
- Transport students to Salem for Advocacy Day in February 2012
- Continue hosting county-wide meetings to foster county-wide collaboration and strengthen school based health centers

Tobacco Prevention and Education Program (TPEP): The TPEP will focus on chronic disease prevention, implementation of the Indoor Clean Air Act, and smoke free worksites, multi-unit housing and outdoor venues. The program will continue to work closely with community partners to encourage healthy eating and increased physical activity. The program will continue to be involved in community health assessment activities, and implementation of past assessment projects.

Environmental Health:

- All Environmental Health Specialists are maintaining their food program standardization accreditation.
- The repair or replacement of community wading pools is nearly completed. The wading pools were under a strict timeline to be compliant with the new state laws.

- We continue to work closely with our organization camp operators to orient them to the new rules that will be in effect this Fall 2011. We are conducting a time study to determine the need to adjust our license fees starting 2012.
- Provide our annual pool and spa operator training in June
- Operate the Hand Washing Demonstration Mobile Unit at the 2011 County Fair.
- Continue to help our small public water system operators comply with the new EPA Groundwater Rule.
- Corrected the compliance issues identified during the Triennial review last January and implemented a quality assurance plan for file reviews.
- Implement the new temporary restaurant Statutes and Oregon Administrative Rules that will change licensing requirements for temporary restaurants at farmer's market events.
- Continue to attend and participate in Climate Change Readiness strategic planning.
- Publish a foodservice newsletter for our restaurant operators so we can help the restaurant operators prepare for the new food code change that will start January 2012.
- Beta test the new Phoenix software used for the foodservice inspection reports starting in 2012.
- Continue to maintain program standards found in Division 12.

Public Health Emergency Preparedness: Clackamas County Community Health maintains all-hazard response plans in collaboration with emergency management and regional partners. The Incident Response Team provides 24/7 coverage for reports of communicable disease and public health emergencies. Members of this team participate in monthly training to maintain and improve their capability.

Oral Health:

- Commitment garnered from Kaiser Permanente to conduct 2 or more "Smile Events" in coordination with the opening of their new dental clinic in Oregon City.
- Commitment garnered from Kaiser Permanente to accept 5 urgent care patient referrals a month from our Beaver Creek Clinic through the Dental Access Program.
- Speakers Bureau established: The Clackamas County Oral Health Speakers Bureau includes oral health students and educators from local dental schools, oral health professionals and policy/program directors.
- Clackamas County Dental Access Advisory Committee established to implement strategies regarding dental system navigation and utilization of benefits by enrollees. Membership includes representatives from insurance companies (DCOs), schools, homeless liaisons, human services professionals, oral health schools, dentists, and hospital systems.

- Implementation of Dental Health Month:
 - Distribution of 4200 hygiene kits and oral health information to Backpack Buddy Programs in Canby, North Clackamas, Wilsonville/West Linn School District, Gladstone. (Kits donated by Kaiser Permanente)
 - Distribution of 1500 kits and oral health information to homeless shelters in January during the annual “Homeless Count”. (Kits donated by Kaiser Permanente)
 - Distribution of 400 dental hygiene kits to Public Health Field Nurses (Kits donated by Dental Outreach Oregon)
 - Proclamation enacted by Board of County Commissioners to proclaim February as Dental Health Month.
 - Distribution of oral health information to HINT, Los Ninos Cuentan, and Healthy Start of Clackamas County.
- Facilitated partnership between Pacific University Dental Hygiene capstone project students and Healthy Start of Clackamas County for the development of an oral health curriculum to be used by the home visitors with their parent customers.

Other Dental Activities in Clackamas County, 2010-2011:

- Fluoride Varnish program established at the Sandy and North Clackamas WIC clinics in coordination with Dental Outreach Oregon. Two varnish clinics are conducted a month at each of these sites.
- First Tooth pilot program established at Beaver Creek Clinic. Clinical staff trained to apply fluoride varnish at well-child checks, immunizations for children 6 months to 3 years of age.
- Healthy Start/Playgroup Varnish Program established at playgroups throughout the County.
- Integrate oral health screenings into school health screenings that are currently focused on weight, hearing and vision.

Dental Access Goals for 2011-2012:

- Continue development of donated dental care system in coordination with Project Access NOW and Clackamas Dental Society.
- Clarification of roles and activities for CCDAAC.
- Seek grants for the purchase/reimbursement of materials and supplies for dentists who donate their time and services to uninsured individuals.
- Conduct outreach with schools and child care providers regarding the benefit of utilizing the Speakers Bureau to increase the understanding of the importance of good oral health.
- Work in coordination with state-wide coalition (OrOHC) for the development and implementation of a statewide oral health campaign.
- Work in coordination with communities conducting health fairs to assist with the provision of dental services as well as distribution of public education materials.

Additional Requirements

1. Organizational Chart – attached
2. Board of Health – no change
3. Public Health Advisory Board – no change
4. Senate Bill 555 – no change

Unmet Needs

1. Unrestricted funding for public health services based on assessed community needs.
2. Statewide, searchable health data warehouse.

Budget Unchanged from the current 2008-2010 Triennial Plan.

Budget Officer Contact Information

Karen Slothower, Director, Office of Business Services, is the Budget Officer contact for Clackamas County Community Health Division and can be reached at:

Clackamas County Community Health Division
Public Services Building
2051 Kaen Road, # 367
Oregon City, OR 97045

Telephone: 503-742-5300

Email: KarenS@co.clackamas.or.us

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 PH 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 PH services are allocated to PH 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 PH 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

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: Marti Franc

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

Yes No **Yes 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.

- a. 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.

- b. 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.

- c. 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.

CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2011 – 2012 ANNUAL UPDATE

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.



Charlotte Lehan, Chair
Board of County Commissioners
Local Public Health Authority

Clackamas
County

5-12-2011
Date A.B.



Cindy Becker
Community Health Director

Clackamas
County

5-12-2011
Date

Attachment A

Clackamas County WIC FY 2011-2012 WIC Nutrition Education Plan Staff Training Plan

Months	Topic	Key Messages	Persons responsible
Jan-Feb	Vitamin D	Oregonians need more Vitamin D.	Julie and Mari
Mar-Apr	Monsters in Your Mouth	Good oral health is important for you and your baby.	Laurie and Cindy
May-Jun	Home Grown Veggies	Variety, Balance and Moderation	Erin and Lindsey
Jul-Aug	Family Fun in the Field	Buy locally grown food.	Erin and Mari
Sep-Oct	Sweetened Drinks	Limit sugar	Julie and Heidi
Nov-Dec	Eat More of This, Less of That	Keys to Healthy Eating: Variety, Balance, and Moderation	Kathy and Lindsey
Jan-Feb	Freddie and the Veggies	Be physically active	Kathy and Heidi
Ongoing	Prenatal Breastfeeding Dental (after April)	Get prenatal care early. Babies were born to be breastfed. Good oral health is important for you and your baby.	Peer Counselors Peer Counselors Laurie and Cindy

Attachment B
Local Health Department: Clackamas County Community Health Division
Plan A – Chosen Focus Area: Increase 4th DTap Rates
January 2011 – December 2011

Year 1: January – December 2011				
Objectives	Methods / Tasks	Outcome Measures	Outcome Measures Results ¹	Progress Notes ²
Increase 4 th Dtap rates by improving timely administration, therefore protecting young children against pertussis.	Gather most recent baseline data on 4 th Dtap rates using ALERT IIS and AFIX reports.	Baseline data reports generated by December 31, 2011.		

¹**Outcome Measures Results** – Please report on the specific Outcome Measures in this table.

²**Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will better help us understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

Attachment C
Local Health Department: Clackamas County Public Community Health Division
Plan B – Chosen focus Area: Improving Vaccine Management Practices in County Clinics and
Satellite / Delegate Agencies
January 2011 – December 2011

Year 1: January – December 2011				
Objectives	Methods / Tasks	Outcome Measures	Outcome Measures Results¹	Progress Notes²
<p>Improve vaccine management practices in Clackamas County Clinic(s), satellites and delegate agencies.</p>	<ul style="list-style-type: none"> • Provide education / training to current clinic staff on new vaccine management protocols. • Provide education / training to new clinic staff. • Conduct quarterly audits in each county clinic, satellite and delegate agency to assess vaccine management practices. • Conduct quarterly audits in each county clinic, 	<ul style="list-style-type: none"> • Necessary education / training provided to clinic staff by December 2011. • Education / training provided to new clinic staff within one month of start date. • Four audits conducted for each county clinic, satellite and delegate agency. 		

	<p>satellite and delegate agency to monitor impact of ALERT IIS and HER on VM practices.</p> <ul style="list-style-type: none"> • Initiate Public Health Emergency Response (PHER) Vaccine Storage/Handling Project at Beaver Creek Clinic. 	<ul style="list-style-type: none"> • Generator in place at Beaver Creek Clinic by December 2011. 		
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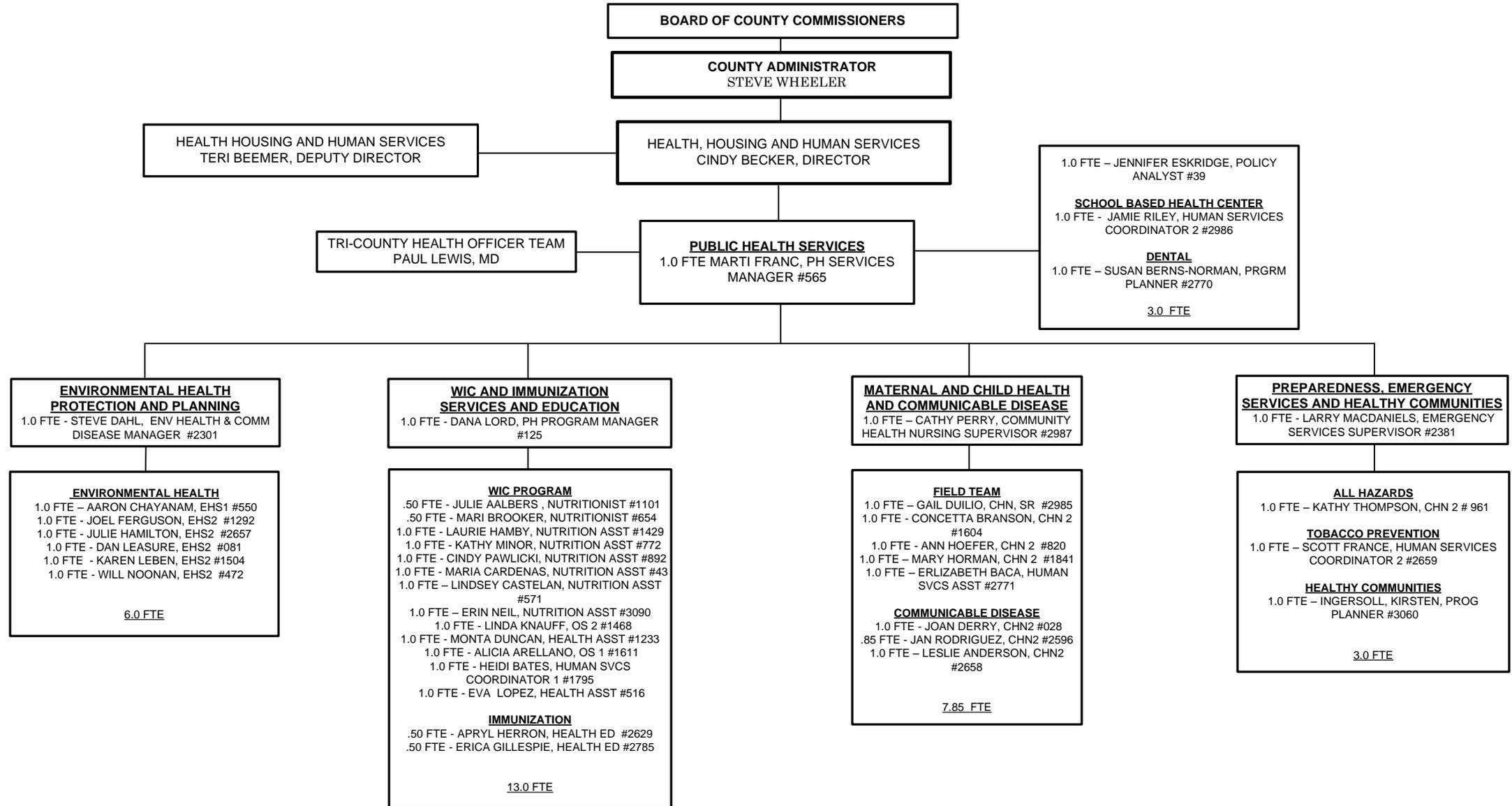
¹**Outcome Measures Results** – Please report on the specific Outcome Measures in this table.

²**Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will better help us understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

CLACKAMAS COUNTY COMMUNITY HEALTH
PUBLIC HEALTH SERVICES

HEALTH, HOUSING AND HUMAN SERVICES

Community Health Division
Budget Fiscal Year 2010-2011



37.85 FTE