

Yamhill County Public Health Annual Plan
2012-2013 update
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I. Executive Summary

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

Vision:

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

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

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

Community partnerships and collaboration are an essential component in achieving desired goals and outcomes for the programs and services provided by YCPH. This year we will be focused on readying our division for Public Health Accreditation. A key component in the work directed toward accreditation is collaboration. We have engaged key stakeholders as we work toward developing the Community Needs Assessment, the Community Health Improvement Plan and the Strategic Plan for our county which are the three requirements that must be met prior to applying for accreditation.

Another important component toward accreditation readiness is the implementation of a Quality Improvement process across the division. Managers and supervisors will work with line staff to identify processes within the division that need improving.

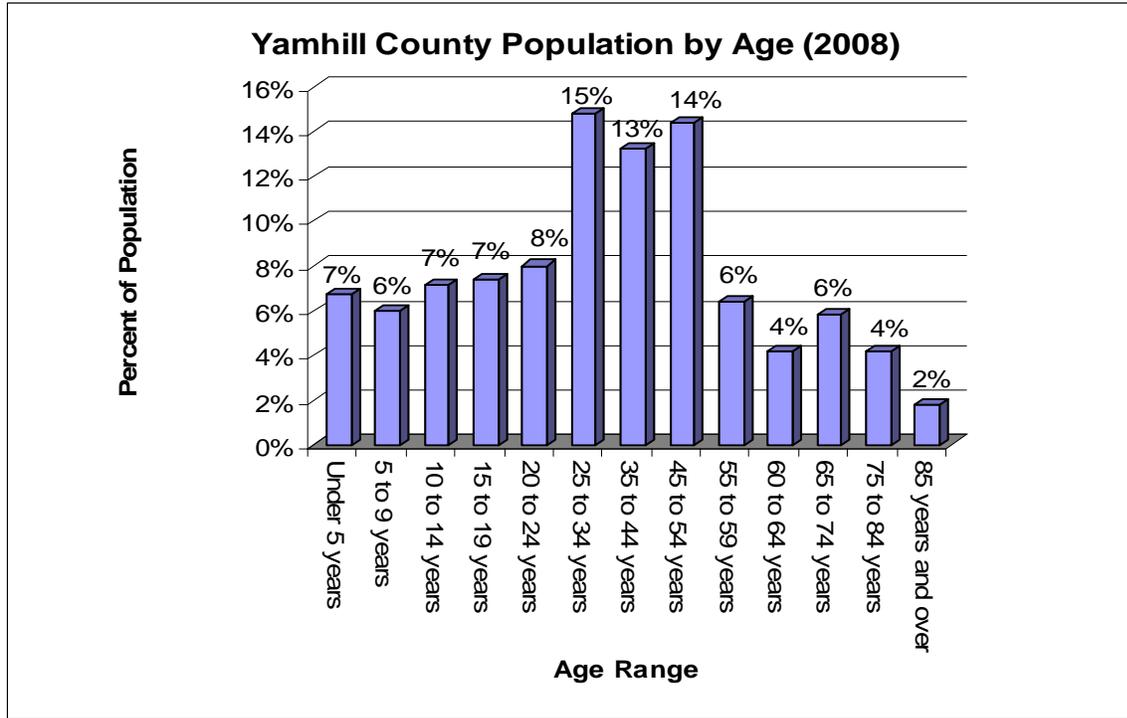
Yamhill County Public Health is a leader in the preparation for healthcare transformation in the State of Oregon. Director, Silas Halloran-Steiner, has convened a group of local key stakeholders for two meetings to discuss what this might look like in Yamhill County. As healthcare transformation progresses and Collaborative Care Organizations begin to form Yamhill County Public Health will remain at the forefront of these discussions.

In the current economic climate YCPH has been proactive in seeking funds in the form of grants to assist in supporting our programs financially. As program funding continues to decrease the demand for services has steadily increased, more families now require assistance in seeking appropriate care. Our staff work hard to make sure families know of other local service providers and connect their clients to the food bank, housing, food stamp program and Medicaid services when eligible.

II. Assessment

1. Public Health Issues and Needs in Yamhill County

Basic Demographic Information and Public Health Indicators:

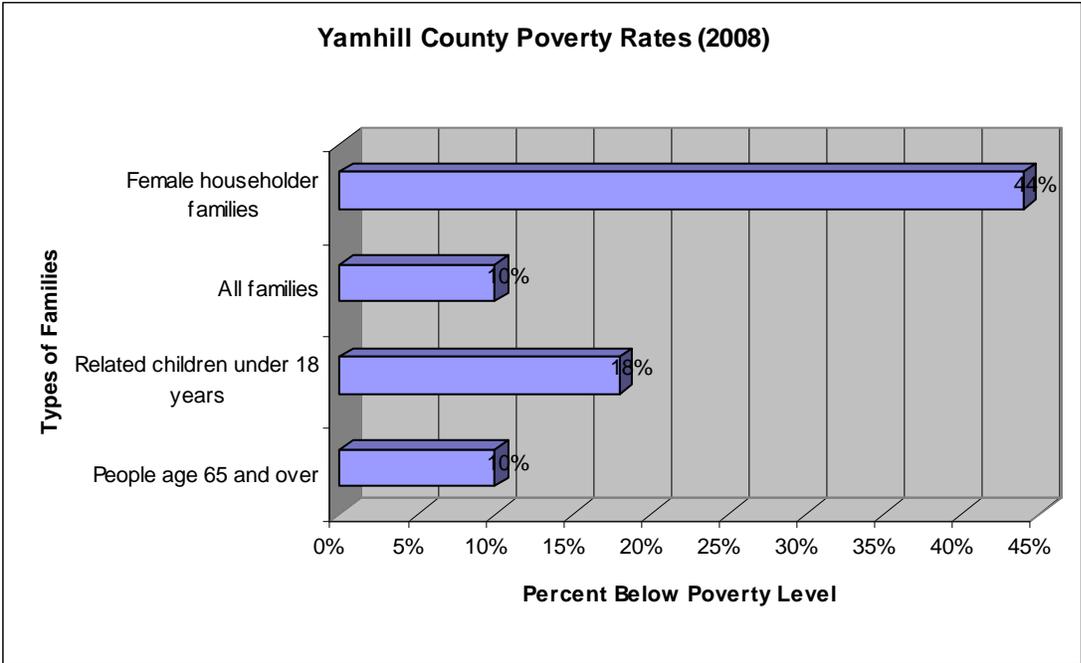
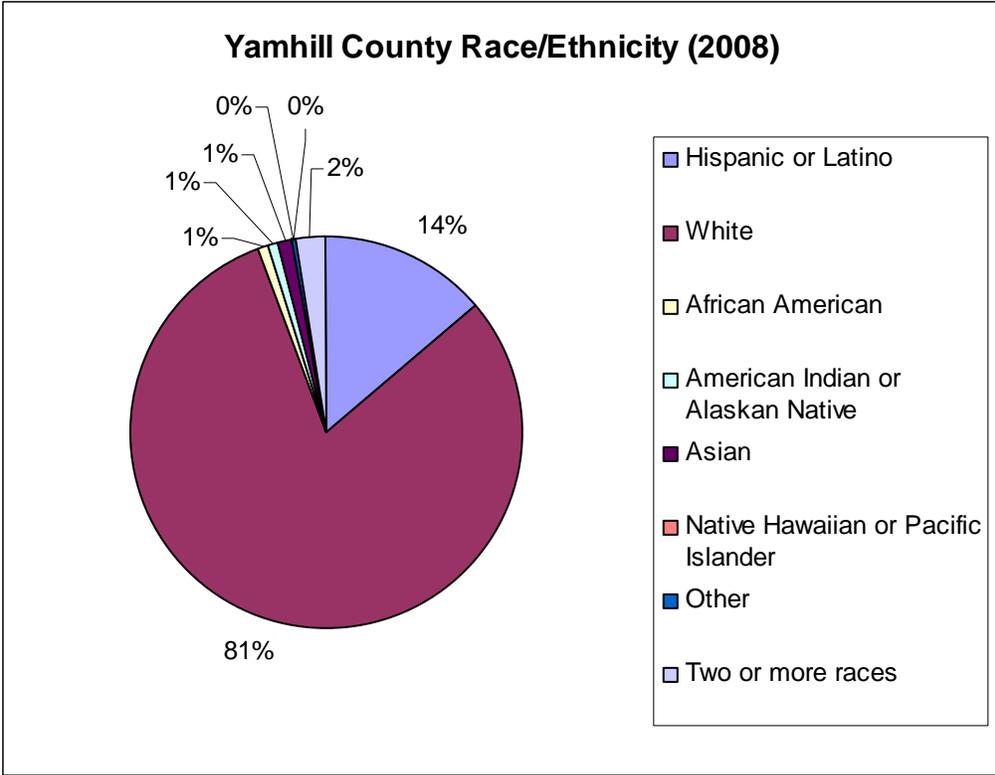


Percent female – 49.3

Percent male – 50.7

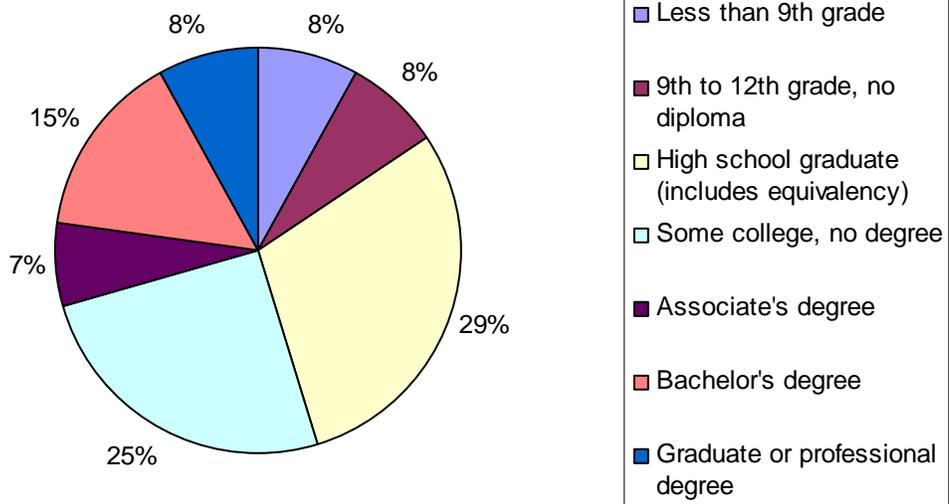
Average household size – 2.78

Average family size – 3.23

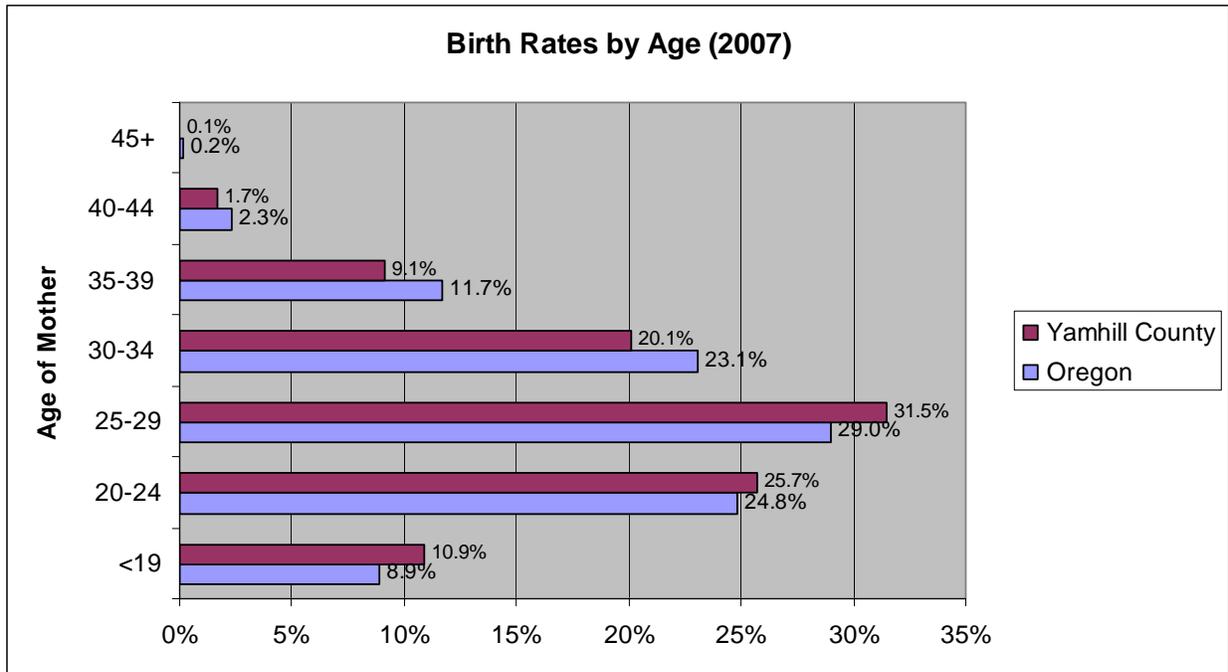


Percent unemployed – 7.9

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

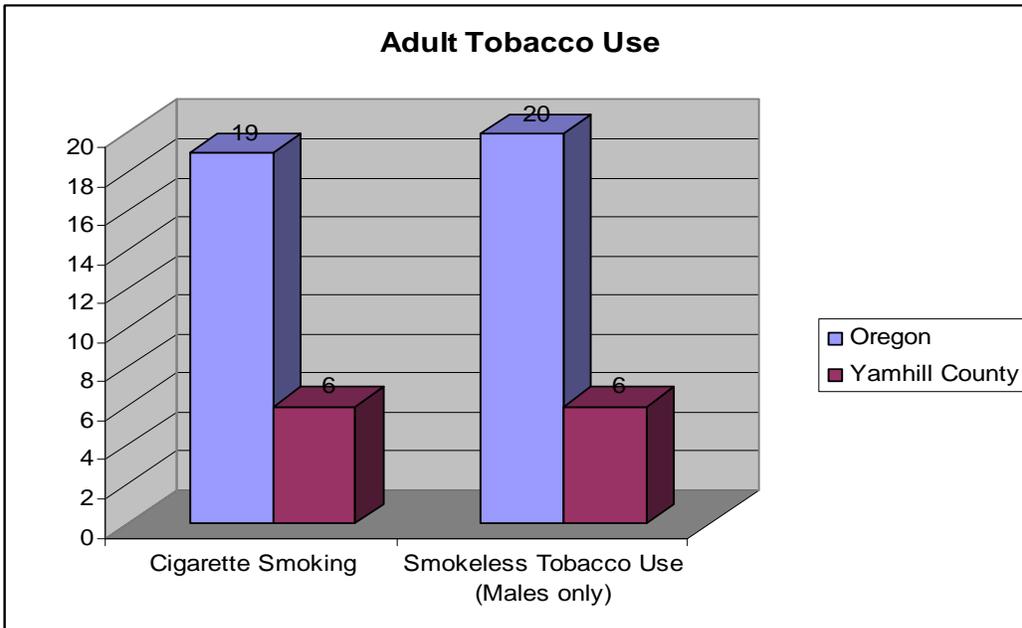
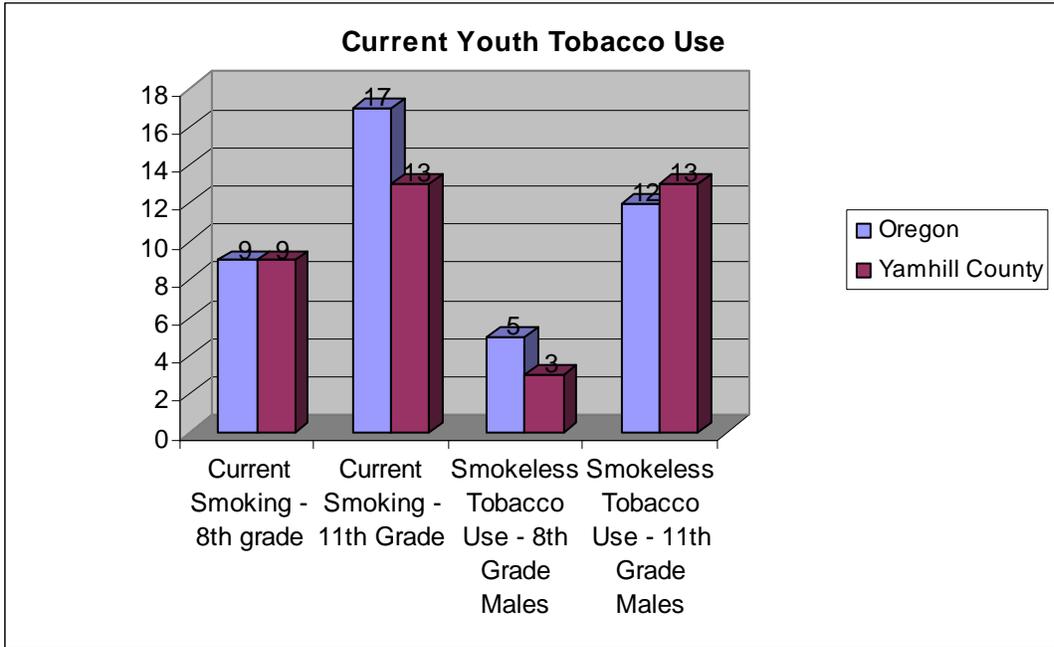
4+ live births – 11.4

< 12 years education – 20.7

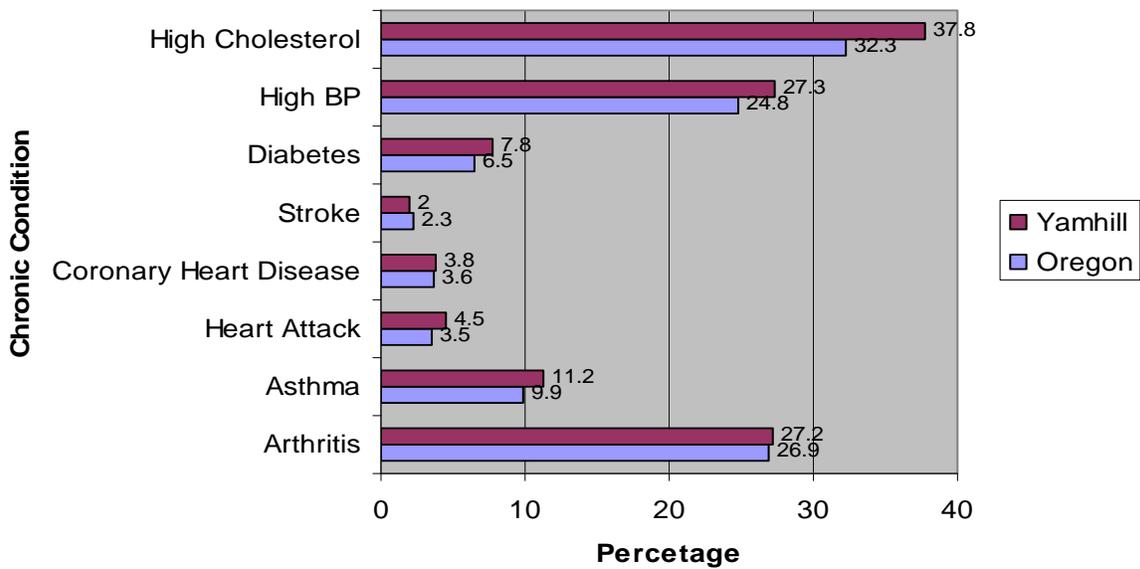
Unmarried – 35.5

Tobacco use – 11.8

Health Behaviors:

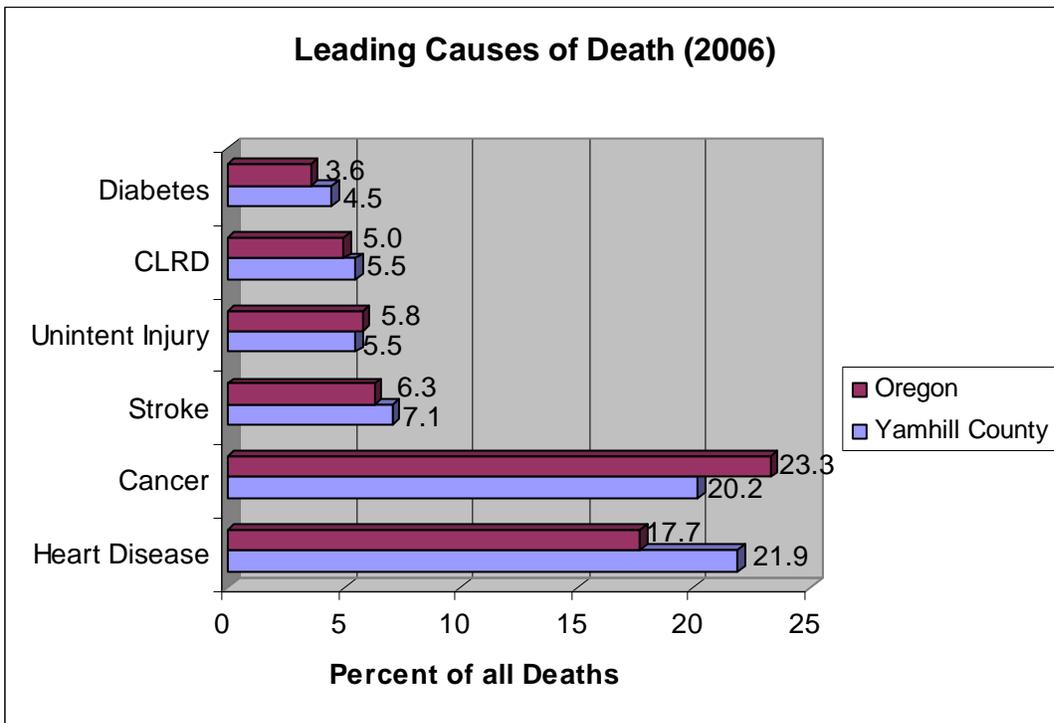
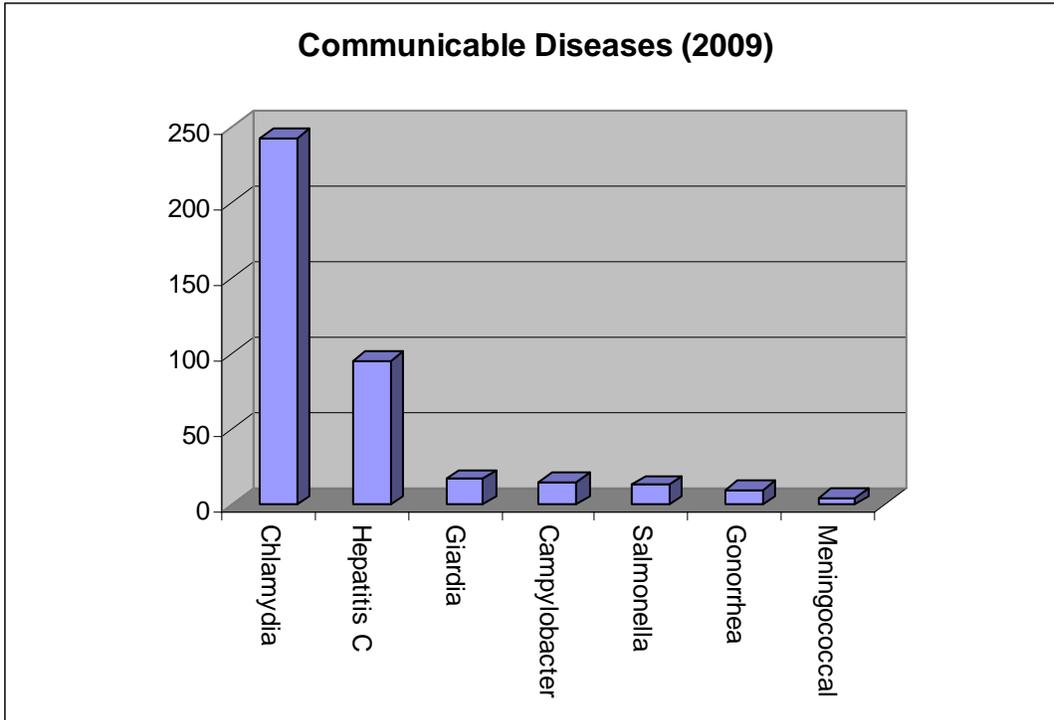


**Prevalence of Selected Chronic Conditions among Adults
in Yamhill County (2004-2007)**



	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. In 2011, YCPH received a grant to build an oral health coalition, perform a needs assessment around oral health issues, and develop a strategic plan that identifies solutions to the issues identified in the oral health assessment.

8. Assure competent public and personal health care workforce.

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

area colleges to offer specific internships and clinical rotations for students in the field of maternal child health nursing, family planning, and health promotion.

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

YCPH has begun to include process and program quality improvement and outcomes measures in the work being done. For example, chart reviews are completed by the Nursing Manager to ensure quality, complete and timely chart notes and follow up. Oral Health is developing an evaluation plan with measurable goals and objectives for the work the coalition will be doing this year. The clinic programs, such as communicable disease, are reviewing all their policies and standing orders to make improvements partially based upon the assessment done as part of the Triennial Review.

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

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

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

In 2011 YCPH received a grant to prepare the public health department for national accreditation. The work that is being done to prepare includes a formal Community Health Assessment, a 5-year Community Health Improvement Plan (CHIP), and an agency Strategic Plan based upon the CHIP. The assessment 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.

YCPH has established a team working on assessment and accreditation. We are collaborating with partner agencies that may have a partial assessment previously completed so we do not have to repeat the same work previously done. We have agreements in place to provide comprehensive data to our partners when the assessment work is complete. Currently we are arranging community meetings to provide insight as to what forces of change may influence health in our community in the future and beginning to develop the CHIP.

3. Provision of Basic Services

a. Epidemiology and control of preventable diseases and disorders

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

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 and multicultural team is involved in the intake process and may also involve home visitors from other agencies. Services offered directly by Public Health include Babies First, Healthy Start, CaCoon, Maternity Case Management (MCM) and Fostering Hope. In addition to services at Public Health, the Willamina School-Based Health Center at Willamina High School and the Yamhill-Carlton School Based Health Center in Yamhill serves all registered students in the two districts. Family Planning has continued 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 prenatal referral sources which has resulted in an increase in prenatal 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. Fostering Hope, collaboration between YCPH and Catholic Community Services, is a new home visiting program aiming to prevent children from the need to enter into the foster care system using a neighborhood based approach.

c. Collection and reporting of health statistics

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

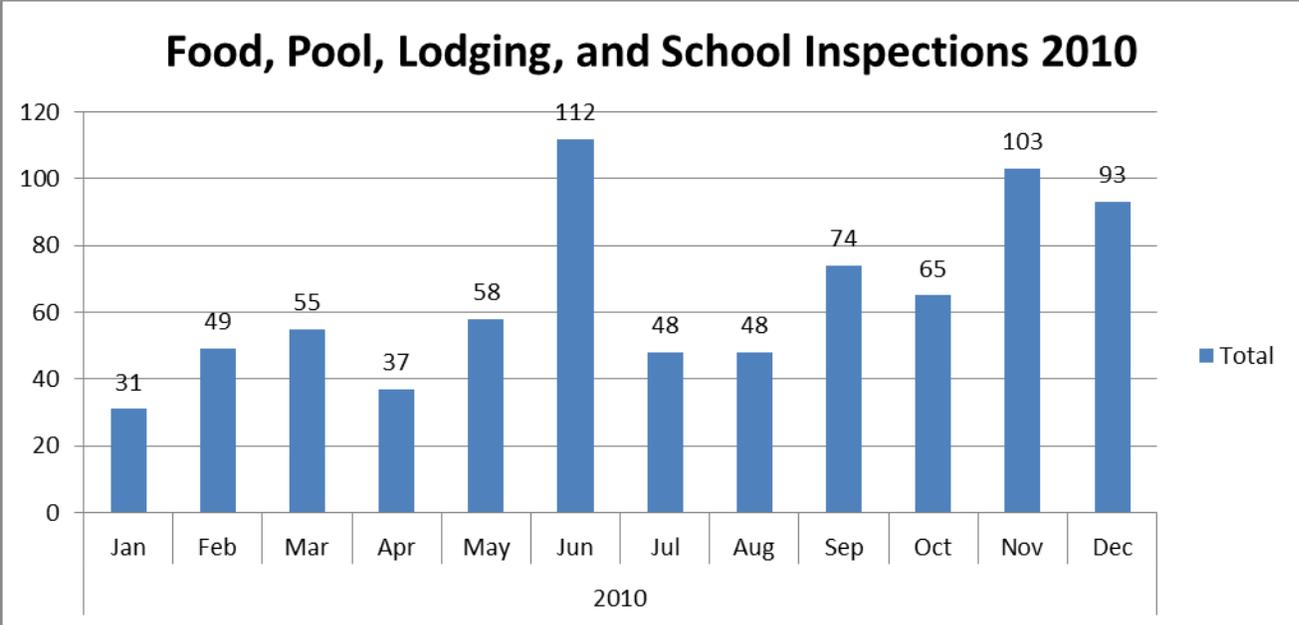
d. Health information and referral services

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

Over the 2010-2011 school year the health promotion/prevention team has made weekly appearances in five of the County high schools. The team provides information about Public Health programs and refers students to needed services.

e. Environmental health services

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



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

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

The safe drinking water program is within the cluster of services provided by Yamhill County Environmental Health program staff coordinate.

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 group has merged with the Yamhill County Emergency Management Council and now meets monthly to address ways the county can better respond to any disaster, man-made or natural. The group has completed its second Threat Assessment Survey and is working to update county wide response and recovery plans. While participating in this group YCPH is also involved on a regional level to plan for and respond to large scale disaster events. The county 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. The regional Healthcare Preparedness Coalition is made up of regional public health partners, hospitals, EMS, fire and rescue, law enforcement and other organizations that make a regional response possible. These committees maintain a focus on emergency preparedness and response through communication, education and collaboration.

YCPH continues to conduct 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:

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

Health Education and Health Promotion:

Health Education at Yamhill County Public Health includes a combination of programs focused on prevention of unhealthy and risky behaviors in the community. Health Educators review data and information about the community's health and participate in program planning efforts with

community partners. Funded health education efforts include tobacco prevention, 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. Last year all State Addictions and Mental Health funds for alcohol, drug and gambling prevention were moved from the HHS Chemical Dependency program to Public Health. Moving substance abuse and gambling prevention to Public Health has allowed the County's prevention efforts to be fully integrated.

Nutrition:

Nutrition education and assessment services are provided to all clients being seen by public health nurses in the home visiting programs, 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. YCPH has helped to coordinate Living Well with Chronic Diseases classes; three in McMinnville, one in Newberg and one in Sheridan. These classes were made available due in large part to the collaborative effort of agencies within Yamhill County as well as through the help of regional network partners that serve elderly populations.

Primary Health Care:

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

Lab Services:

Yamhill County Public Health has CLIA (Clinical Laboratory Improvement Amendments) certification through CMS (Center for Medicare and Medicaid Services) to serve as a PPM laboratory, with the primary facility at Public Health in McMinnville, and the other two labs at the Willamina and Yamhill-Carlton School-Based Health Centers. 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 443 reports of communicable diseases in 2010. Sexually transmitted diseases continue to be the most prevalent diseases reported in Yamhill County. Outbreak investigation and follow up is also a priority and CD nurses investigated 11 outbreaks in 2010, with the majority of those due to Norovirus. The most frequently reported diseases in Yamhill County in 2010 in order were Chlamydia, Hepatitis C, Campylobacter, Giardia, Salmonella, Pertussis and Gonorrhea.

The Yamhill County Communicable Disease program is also responsible for tuberculosis (TB) evaluation, treatment of latent tuberculosis infection (LTBI) and investigation and treatment of Active TB disease. Each year an average of 1 new case of active TB is reported in Yamhill County. In 2010 there were 25 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 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. We are working on a new partnership with Juvenile Detention and our local County Jail to provide sexually transmitted disease education and testing.

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

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

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. All Communicable Disease program

registered nurses and related designated staff utilize ORPHEUS for disease reporting according to reporting requirements. ORPHEUS has been integrated into daily Communicable Disease practice for disease reporting.

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

Goals:

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

Activities:

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

Evaluation:

- All required reportable diseases are reported to the state in a manner that meets or exceeds program requirements and timelines for disease reporting and follow-up. Data is reviewed by Nurse Manager
- Public Health clinic participates in the Region X Infertility Prevention Project, 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 Nursing Manager by February, 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 will attend the OR-Epi conference

- All staff performing CTRS activities will receive HIV CTRS training
- Employee training needs will be assessed annually by the Public Health Nurse Manager
- Continue development of the material review process shall include all printed materials, websites and social networking sites

Tobacco Prevention

Current Condition/Problem Statement:

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

Data on tobacco use among youth comes from the Yamhill County Tobacco Facts Sheet, Oregon Department of Human Services, Oregon Public Health Division, of which county data is compiled for the year 2011. Annually 179 people died from tobacco related use (23 percent of all deaths in Yamhill County). In Oregon 19% of adults (14,164) are current smokers and among youth, 9% of 8th graders and 17% 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. In 2009, over \$32 million is spent for tobacco related illnesses and over \$29 million in productivity is lost due to tobacco related deaths. Yamhill County currently has limited tobacco cessation resources.

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

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

A trend that's becoming more prominent is the number of teen smokers who are trying to quit. This demonstrates that youth are becoming addicted and not just engaging in recreational use. According to the 2010 Student Wellness Survey conducted by the Addictions and Mental Health Division, of the 15% of 8th graders who have smoked in the past year, over 45% of them have

tried to quit. Many of them are succeeding, as only 9% are current smokers. Likewise, of the 25% of 11th graders who have smoked in the past year, 59% have also tried to quit in the past year.

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

Exposure to secondhand smoke is known to cause many health, developmental and behavioral problems in youth and adults. According to 8th graders and 11th graders in the county, 8% of them live in a house where someone smokes inside. The message of “go outside for your kids” is reaching more people but much more still needs to be done. In addition, parents are sharing their opinion of smoking with their youth. Almost all, 97% of 8th graders and 94% 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, 87% of Yamhill County residents say that people should be protected from secondhand smoke. Currently, Oregon’s Smokefree Workplace Law requires almost all indoor workplaces to be smokefree, which protects employees and visitors from secondhand smoke.

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

Goals:

Yamhill County Tobacco Prevention and Education Program 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
- Provide assistance for creating tobacco free outdoor venues and events

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

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

Activities:

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 multi-unit housing units that are smoke free
- Number of workplaces that are smoke free and/or tobacco free
- Number of hospitals and health systems that are tobacco free
- Number of Health Forums conducted
- 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 screening, 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 47 people diagnosed with HIV/AIDS who currently reside in Yamhill County. These numbers, however, may not be an accurate reflection of the current situation as few people come in for testing services. This may be due to a lack of knowledge of what puts them at risk or lack of knowledge of what services are available to those who do test positive.

Goals:

Improve and maintain the health status of the citizens of Yamhill County by preventing and reducing the incidence of communicable disease through 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
- Continue to provide rapid HIV testing in the Public Health clinic
- Ensure a competent public health workforce serving clients in the YCPH clinic

Evaluation:

- All MCH nurses will ensure integration of HIV information into Maternity Case Management materials
- 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 and clinic 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- *See Attachment A*

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 and multicultural team is involved in the intake process 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) and Fostering Hope. In addition to services at Public Health, the School-Based Health Centers at Willamina High School and Yamhill-Carlton Intermediate School serve all registered students in the two districts.

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, advocacy and in-home services.

Goals:

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

Activities:

- Continue to provide ongoing information and brochures to medical providers in Yamhill County, to other referring providers and to partnering agencies; includes meeting presentations and continued collaborative discussion with referring providers
- Continue to regularly assess birth certificate data on prenatal exposure to alcohol, tobacco and other drugs (ATOD) on an ongoing basis to use in conjunction with state assessments and resources to implement best practices for teaching clients of the effects of alcohol, tobacco and other drug exposure to the unborn.
- Continue 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
- Have a Maternal Child Health referral form be part of the WIC intake process

- Assess health risks for women at family planning intakes and as needed during family planning visits

Evaluation:

- Maternal Child Health case loads in home visiting programs will increase by additional 15% by end of calendar year 2012
- By December 31, 2012 there will be a measurable reduction in babies born with exposure to prenatal tobacco, alcohol and other drug use from 11.5% to 10%
- The multidisciplinary team will meet regularly as defined by program needs to address maternal child health home visiting and implemented program changes based on health care reform

Healthy Start

Current Condition:

Healthy Start continues to function with limited funds. Another statewide cut resulted in decreased staffing time which in turn resulted in a small decrease in the amount of services available for families in Yamhill County. 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 September 2011. The statewide program will be receiving its national accreditation visit in the summer of 2012 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 screening numbers.

Goals:

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

Activities:

- Continue to partner with referring agencies

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

Evaluation:

- Continue to use the Statewide Healthy Start evaluation
- Increase the number or screens by 10% over the next year

Family Planning- *See Attachment B*

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.

Facilities Inspected :

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

Safe Drinking Water:

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

Current Condition:

Yamhill County Environmental Health is in compliance with essential requirements of the state contract. We are continually working to improve the program, with its steady increase of regulated facilities and water systems in growing county. The growing wine industry is a driving force behind unique niche food service operations that require routine consultation and collaboration with the Department of Agriculture and Public Health

Division. On-site sewage and solid waste issues are handled by the Yamhill County Planning Department.

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

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

Yamhill county has also acquired 4 portable hand wash stations through an FDA Grant to assist in the needs of the community regarding temporary events and locations.

Goals:

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

Activities:

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

Evaluation:

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

D. Health statistics

The Vital Records department continues to issue death and birth certificates for six months after the event to those eligible and with current identification. All records are kept confidential and, along with the security paper the certificates are printed on, are kept stored in locked cabinets in a locked area. The majority of certificates are issued from the Center of Health Statistics (CHS) vital records system called OVERS (Oregon Vital Events Registration System). Only trained staff in the Vital Records department issue certificates. YCPH has two deputy registrars, who are bilingual.

Yamhill County Public Health (YCPH) continues to assist with vital record amendments and corrections per state regulations. YCPH does paternity affidavits; whereby a video is shown that explains to the biological parent their parental rights and responsibilities. The vital records department provides Notary services, at no charge, for individuals requesting changes or corrections to records, including paternity affidavits.

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

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

Goals:

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

Activities:

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

Evaluation:

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

E. Information and referral

Current Condition:

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

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

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

Goals:

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

Activities:

- Help clients identify needs

- Promote community wellness
- Interview clients to identify eligibility for local, state and national resources
- Increase number of children enrolled in Oregon Healthy Kids and number of adults enrolled OHP by interviewing children and families and referring clients to appropriate organizations for OHP certification/enrollment
- Update automated phone message on health information line, blast fax, and mass emails during times of public health preparedness emergencies for getting information to the public
- Provide culturally sensitive materials
- Continue to work with high school students and faculty to increase awareness of our services

Evaluation:

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

F. Public Health Emergency Preparedness

Current Condition:

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

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

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

We are in our second year of an AmeriCorps Vista volunteer working on the Medical Reserve Corp. This will further enhance the capability of YCPH to respond to health-threats by increasing surge capacity. Five new members were recruited this past year. With currently 14 members, we are working toward recruiting and training members to better respond to local disasters.

Another large area of work in the coming year is with vulnerable populations. We are engaging organizations that work with vulnerable populations in order to better prepare for disaster response. This includes establishing and improving methods of communication for routine and emergency information. We are also identifying areas for improvement in our plans and procedures to better serve the needs of vulnerable populations during an emergency.

Goals:

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

Activities:

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

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

Evaluation:

- By June 2012, a TAR score of 85 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

G. Other Issues

Dental

Current Condition:

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

Goal:

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

Activities:

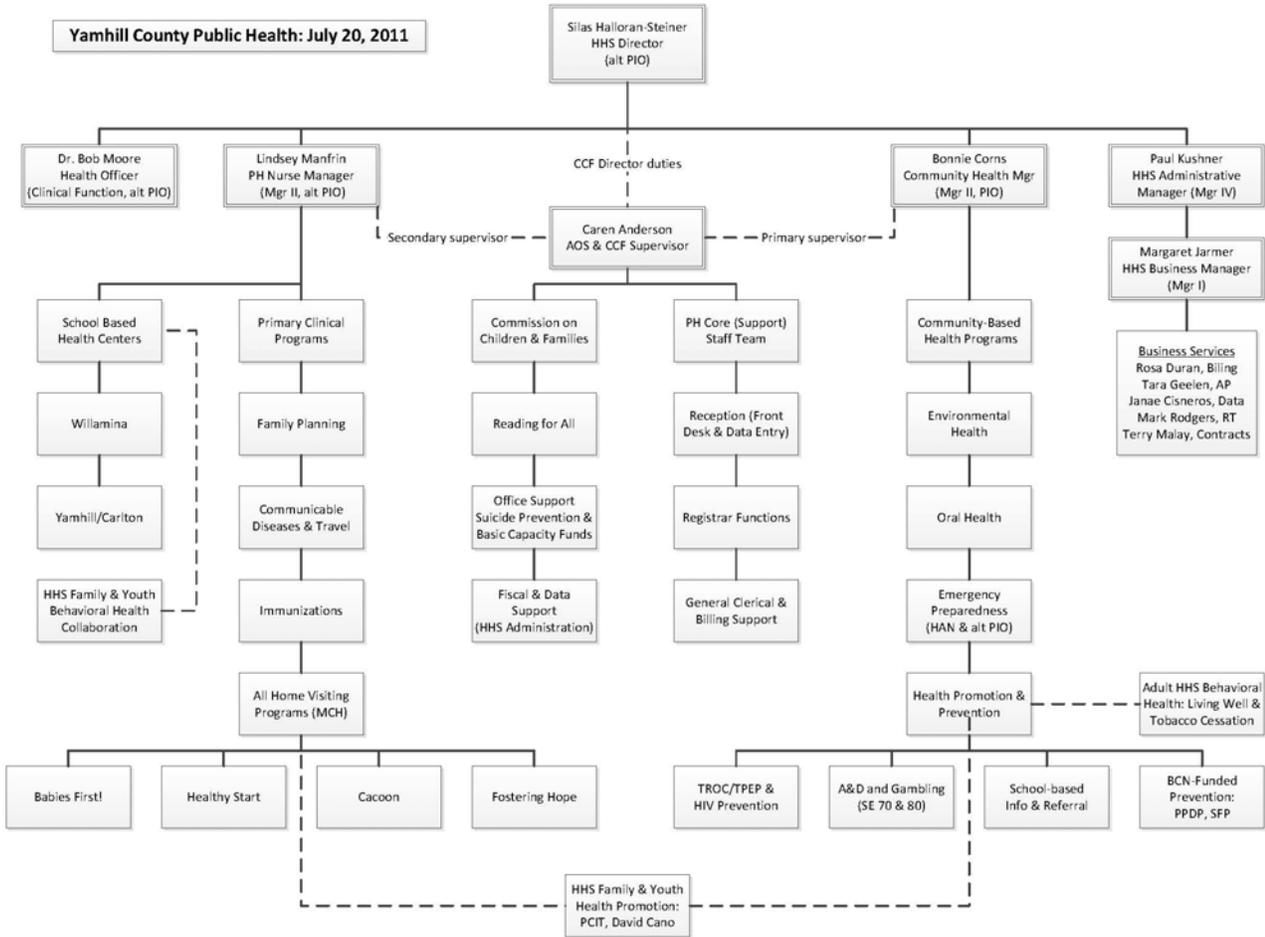
- With the funds from the Kaiser Permanente grant, hire an Oral Health Coordinator
- Establish a Yamhill County Oral Health Coalition
- Develop a mission statement for the coalition
- Perform an oral health needs assessment for Yamhill County
- Based upon the needs assessment, develop a strategic plan with the Oral Health Coalition

Evaluation:

- Establish monthly meetings of the YCOHC, attendance sign in sheets collected
- Coalition members will sign a letter of support, letters filed with Coordinator
- Needs assessment results will be shared with all stakeholders
- A strategic plan to address issues identified by the assessment

IV. Additional Requirements

1. Organizational Chart for Yamhill County Public Health



2. Description of BOH and Advisory Boards:

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

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 Advisory Committees- The Willamina and Yamhill-Carlton School Based Health Center Advisory Committees provide guidance, support, and recommendations in the provision of health care at the School Based Health Centers and help facilitate communication about clinic services within the community.

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 and Commission on Children and Families issues and reports, reviews and gives feedback on programmatic subjects such as the cultural competency review and other program evaluations and plans. Representatives on this council include

- Healthy Start
- Early Intervention
- YC CCF
- Lutheran Community Services

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

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

Statement regarding Senate Bill 555 coordination:

In Yamhill County, the local public health authority 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.

In Yamhill County, the local public health authority functions are shared between the Board of Health and the Board of Commissioners (BOC). The Board of Commissioners has fiscal and administrative responsibility for the local Commission on Children and Families (CCF). In 2011 the BOC removed the CCF director position and moved the CCF under the direction of the Health and Human Services Department. The HHS Director and CCF Program Supervisor provide direct oversight to the programs and staff of the CCF.

V. Unmet needs

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

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

VI. Budget

The Yamhill County budget is available on the web at:

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

VII. Minimum Standards

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

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

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

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

Nutrition

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

Older Adult Health

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

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

Parent and Child Health

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

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

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

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

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

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

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

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

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

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

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

Primary Health Care

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

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Silas Halloran-Steiner

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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

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

Silas Halloran-Steiner
Local Public Health Authority

Yamhill
County

December 1, 2011
Date

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Yamhill County Health Department

LHD staff completing this checklist: Lindsey Manfin, Nursing Manger/Supervisor

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

Provide presentatians to school officials regarding school exclusion

Works with home visiting team to assure immunization status of children enrolled in programs are checked, monitored and that families are referred if they are not caught up.

Promotion of HPV, Hep B, Hep A and Tdap are done through all health department programs including communicable disease, family planning and maternal child health.

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
- a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

- 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
 - Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 25 We do not provide prenatal care but we work with our hospitals and prenatal providers to ensure that they are screening women.
Q. 31 We contract WIC services out.
Q. 44 Our missed shot rate is expected to improve with our continued use of our forcasters. We also
Q. 44 We currently have about 95% of our vaccine administraton data going into ALERT within 14 days of administration. This has improved since our perfomance measures came out last.
Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2013**

July 1, 2012 to June 30, 2013

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound). In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to emergency contraceptives (EC) for current and future use.
- Goal 3:** Promote awareness and access to long acting reversible contraceptives (LARCs).
- Goal 4:** Address the reproductive health disparities of individuals, families, and communities through outreach to 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) and by partnering with other community-based health and social service providers.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

1. **Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.
2. **Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
3. **Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
4. **Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data is also provided to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2013**

July 1, 2012 to June 30, 2013

Agency: _Yamhill County Public Health

Contact: Lindsey Manfrin

Goal #_1

Problem Statement	Objective(s)	Planned Activities	Evaluation
Assure ongoing access to a broad range of effective family planning methods and related preventative reproductive health services.	<p>Continue outreach efforts to targeted populations including outreach to schools with School Based Health Centers and North County schools</p> <p>Increase percentage of Women in Need accessing services at YCPH from 10.6% to 12.6%</p> <p>Increase the number of WIN served at Yamhill County clinic sites by 5%.</p>	<ul style="list-style-type: none"> •Continue to meet with county school districts to develop outreach opportunities as applicable, including utilizing new protocol for counseling visits on campus per school district agreement. •Pursue community advertising venues (newspaper, radio, bus, college student centers, and pharmacies) with services available at YCPH. •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 and presentations to community and school groups to promote Public Health Services, specifically Family Planning program. •Continue providing FP services at Willamina SBHC as approved in the fiscal year agreements. 	<ul style="list-style-type: none"> •Marked increase in proportion of Women in Need served in Yamhill County Public Health Clinics. •CCare Enrollments increase by an additional 15%.

Goal # 2

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>Direct services to address disparities among Oregon’s high priority and underserved/vulnerable populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured, adolescents, adolescent foster population, persons with disabilities, juvenile and adult incarcerated population.</p>	<p>Increase teen clients as percentage of total clients from 28% to 30%</p>	<ul style="list-style-type: none"> • Continue to meet with county school districts to develop outreach opportunities as applicable, including utilizing new protocol for counseling visits on campus per school district agreement. • Update website and Facebook presence • Participate in various health fairs and presentations to community and school groups to promote Public Health Services, specifically Family Planning program. • Continue providing FP services at Willamina SBHC as approved in the fiscal year agreements. • Continue outreach efforts including promotional flyers in popular teen locations. • Enhance networking relationship with Yamhill County Reduce Adolescent Pregnancy Partnership coalition to promote Public Health services. 	<p>Marked increase in % of teen clients that make up total population served.</p>

	Increase the number of juvenile/adult incarcerated persons and adolescent foster population served in Yamhill County.	<ul style="list-style-type: none"> •Continue planning with Yamhill County Juvenile Justice management to develop agreement for a FP RN to provide regularly scheduled services in the jail facility. •Develop with other Yamhill County Health & Human Services Department (Yamhill County Family & Youth; Chemical Dependency; Adult Mental Health) staff a referral process to connect clients to FP services and provide FP information to staff for dissemination within their program. 	<p>FP services are occurring at least once a month in the Yamhill County Jail.</p> <p>By March 2013 a referral system is in place with other HHS departments.</p>
	Maintain culturally competent FP clinic operations and experience for clients.	<ul style="list-style-type: none"> •Continue to support ongoing cultural sensitivity training. 	Continue to provide staff with annual mandatory cultural sensitivity in-service training a year.

- Objectives checklist:
- Does the objective relate to the goal and needs assessment findings?
 - Is the objective clear in terms of what, how, when and where the situation will be changed?
 - Are the targets measurable?
 - Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 2012
(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Goal / Objective	Progress on Activities
Increase male clients as percent of total clients from 0.7% to 2%	Per Family Planning Agency Data FY 2011, male clients as a percent of total clients was 3.1%.
Ccare enrollments increase by 15%.	Unduplicated Ccare enrollments FY' 2010 were 226. Unduplicated Ccare enrollments FY'2011 were 269. This difference represents a 19.027% increase in Ccare enrollments.