



February 27, 2014

Washington County Health and Human Services, Public Health Division is submitting this update to the comprehensive Annual Plan for FY 2013-2014 as required by ORS 431.375–431.385 and ORS 431.416 and rule OAR Chapter 333, Division 14. As indicated on the attached list of required minimum standards, Washington County is meeting all statutory requirements. The required activities necessary for the preservation of health or prevention of disease includes epidemiology and control of preventable diseases; parent and child health services including family planning; environmental health services; collection and reporting of health statistics; and health information and referral are provided.

In 2013 Washington County submitted our Community Health Needs Assessment (CHA) that we continue to use as a basis to develop our Community Health Improvement Plan (CHIP). Washington County leadership is actively engaged in the Healthy Columbia- Willamette Collaborative, a Portland Metropolitan regional effort to develop a collective action approach to address the health needs of our residents. This collaborative includes fifteen (15) hospitals, two (2) Community Care Organizations (CCOs) and all three (3) metropolitan health departments. We are in the final stages of developing strategies that will be incorporated into the regional CHIP.

In addition, Washington County has formed a county level CHIP leadership group with community level stakeholders to develop local strategies to address the three highest priority health needs identified in the CHA (access to health care, chronic disease prevention and mental health and suicide prevention). The CHIP will be provided as an update to this submission when complete.

The public health budget may be viewed on the county web page at [http://www.co.washington.or.us/Support\\_Services/Finance/CountyBudget/2013-14-county-budget-reports.cfm](http://www.co.washington.or.us/Support_Services/Finance/CountyBudget/2013-14-county-budget-reports.cfm)

Other documents submitted as part of this annual update includes:

- ❖ Signed public health minimum standards
- ❖ An updated organizational chart
- ❖ 2012-2016 strategic plan
- ❖ 2012-2013 annual report
- ❖ Reproductive Health annual plan

We are pleased to submit this annual plan and proud of the quality of public health services offered to Washington County residents. As the Public Health Administrator I am hope to engage citizens, stakeholders and our state partners in meaningful dialogue and strategic program planning that lead to improved health for all who live, work, play and visit Washington County. Questions regarding our services or the annual plan should be directed to:

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Hillsboro, Oregon 97124-4490

[Marni\\_storey-kuyl@co.washington.or.us](mailto:Marni_storey-kuyl@co.washington.or.us)  
(503) 846-4745

**Local Public Health Authority:**

**Date:**

**Minimum Standards**

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

**I. 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.

## **Local Public Health Authority:**

### **Date:**

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.

## **Local Public Health Authority:**

### **Date:**

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.

## **Local Public Health Authority:**

### **Date:**

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.

**Local Public Health Authority:**

**Date:**

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.

## **Local Public Health Authority:**

**Date:**

### **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.

## **Local Public Health Authority:**

**Date:**

### **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.

## **Local Public Health Authority:**

### **Date:**

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.

**Local Public Health Authority:**

**Date:**

**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: Marni Kuyl

Does the Administrator have a Bachelor degree? Yes  No

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

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

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

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

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

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

**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.**

**Local Public Health Authority:**

**Date:**

**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 an environmental health specialist 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.

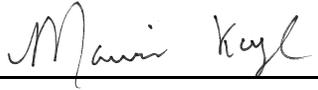
**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

**Local Public Health Authority:**

**Date:**

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.**



\_\_\_\_\_  
Local Public Health Authority

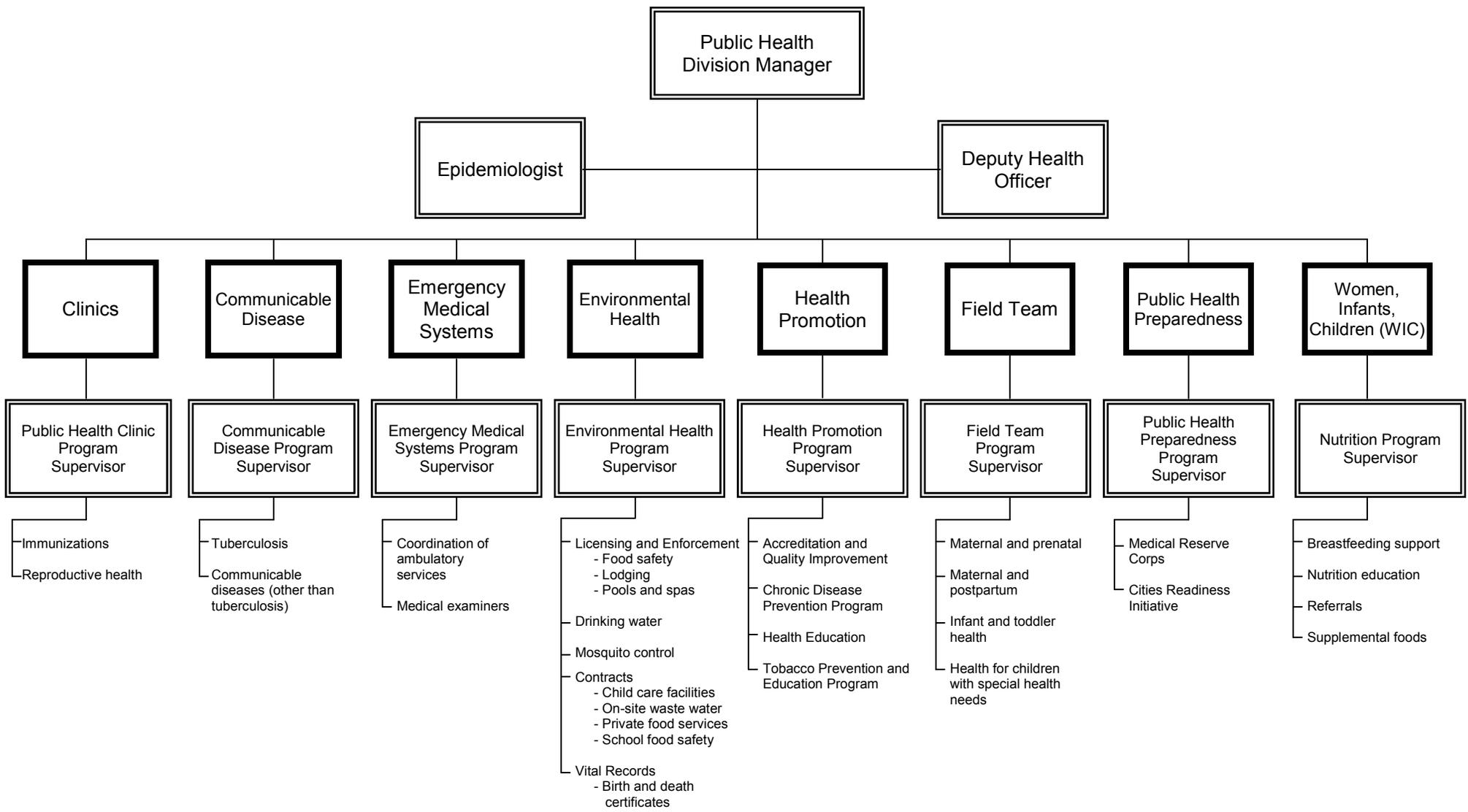
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Date

# Washington County Public Health Division Organization Chart

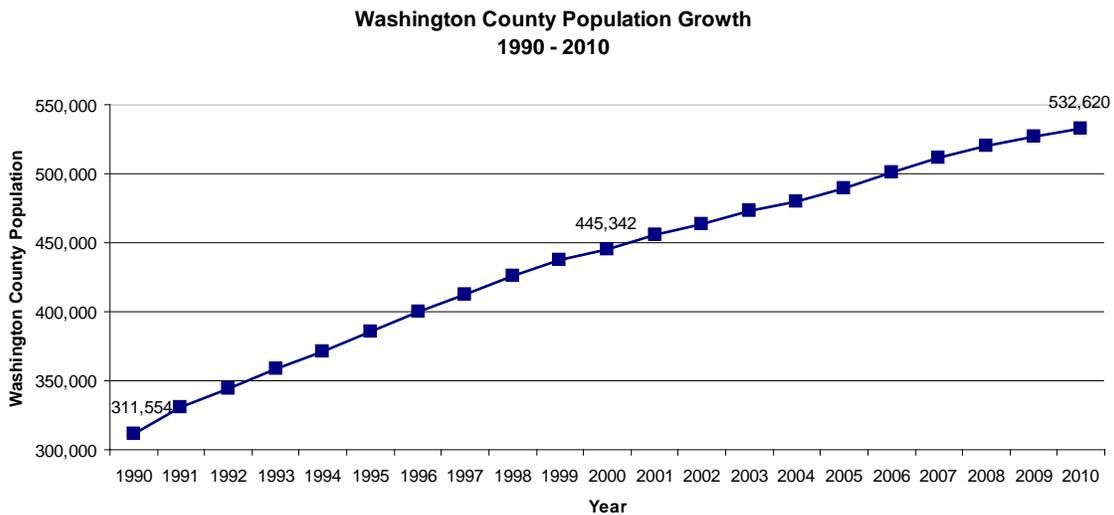




## Washington County 2011-2012 Annual Plan Assessment Data:

Washington County is one of three counties making up the Portland metropolitan area, located west of Portland. The county spans 727 square miles and is the second largest county by population in Oregon. The population has grown by approximately 70% since 1990, reaching nearly 533,000 in 2010 (Figure 1)<sup>1</sup>. The majority of this growth is from births though there is also considerable migration into the county. Washington County is home to the fifth and sixth largest cities in the state (Hillsboro and Beaverton), with Hillsboro recently surpassing Beaverton in size. The county also encompasses large amounts of rural space.

Figure 1. Washington County Population Growth, 1990-2010



The county's population is the most diverse in Oregon and continues to experience more growth in the Hispanic/Latino and Asian communities. In 2010, 8.9% of the county identified as Asian/Pacific Islander (Figure 2) and 14.7% identified as Hispanic/Latino (Figure 3).

Figure 2. Race in Washington County, 2010

<sup>1</sup> Portland State University Population Research Center (PSU PRC). Accessed at <http://www.pdx.edu/prc/>

**Race, Washington County 2010**

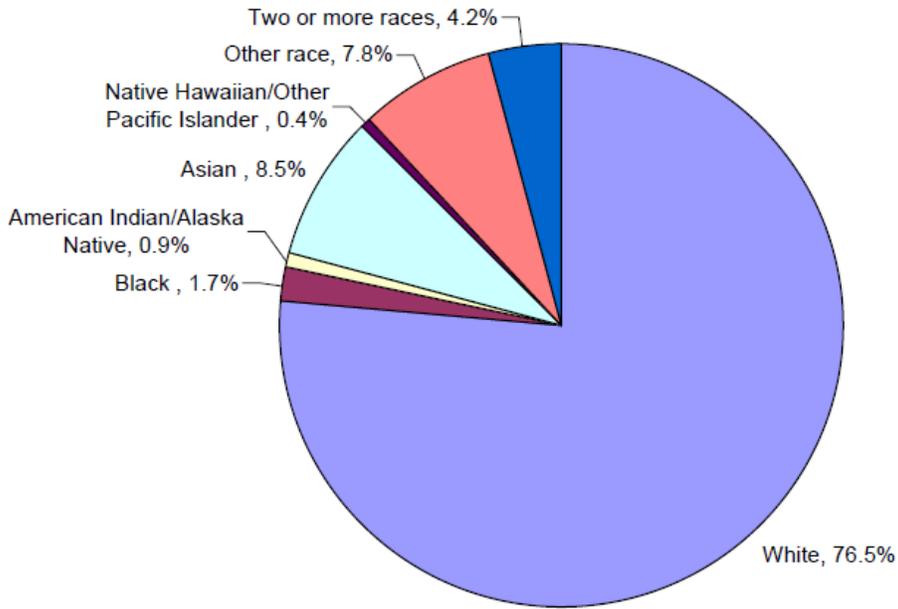
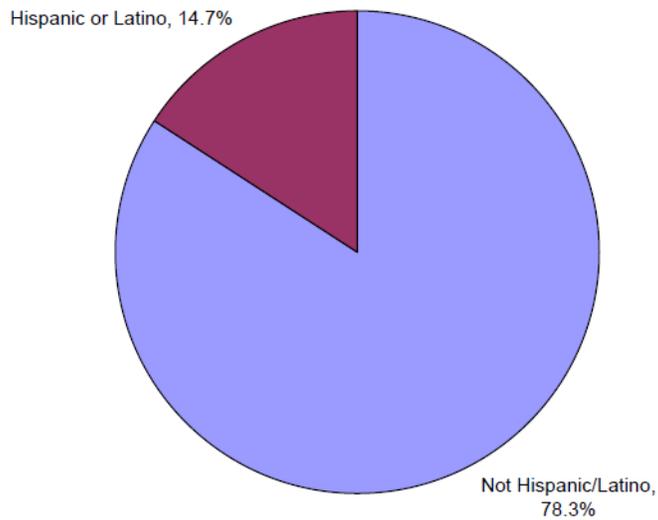


Figure 3. Ethnicity in Washington County, 2010

**Ethnicity, Washington County 2010**



Washington County has a relatively young population compared to the state's average, with considerably more individuals in the 0-14 and 30-44 age groups (Figure 4)<sup>2</sup>. Though Washington County has a comparatively young population overall, there were over 50,000 individuals (10% of the population) aged 65 years and older in 2010. Given the longer life expectancy at birth (Figure 5)<sup>3</sup>, overall population growth in the county, and an aging population nationwide, we can expect the number of individuals in that age group to grow.

Figure 4. Population by Age Group, Washington County vs. Oregon, 2010

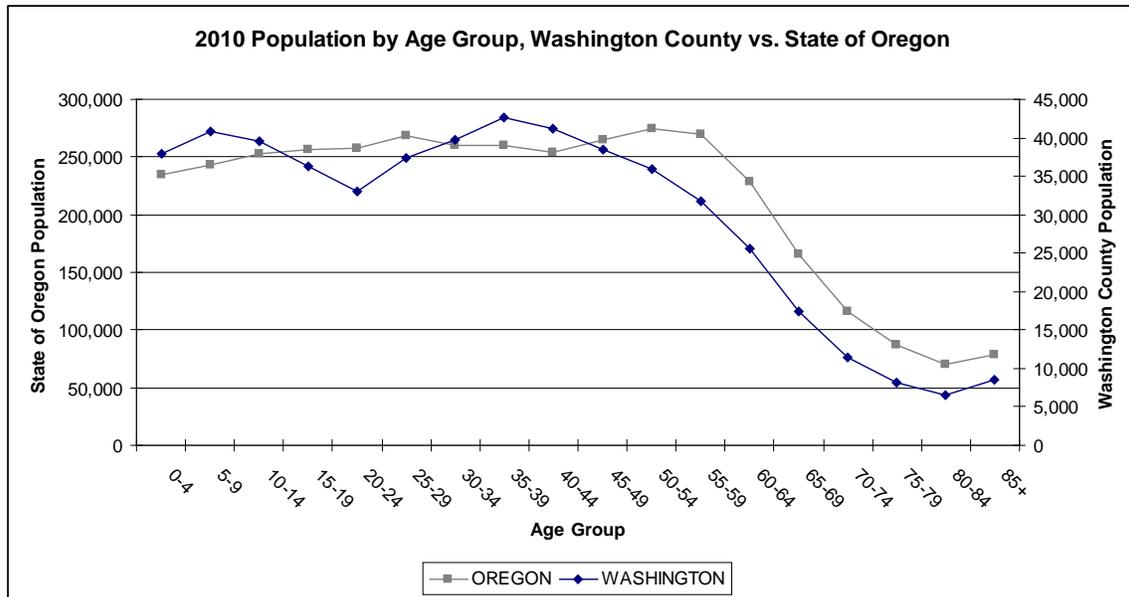
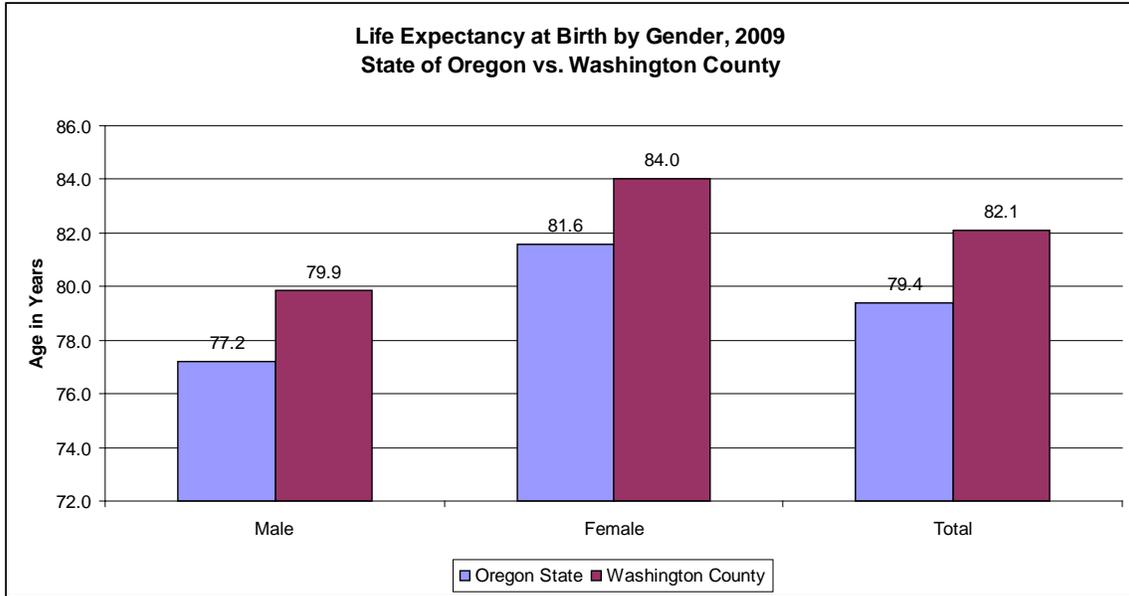


Figure 5. Life Expectancy at Birth by Gender, 2009

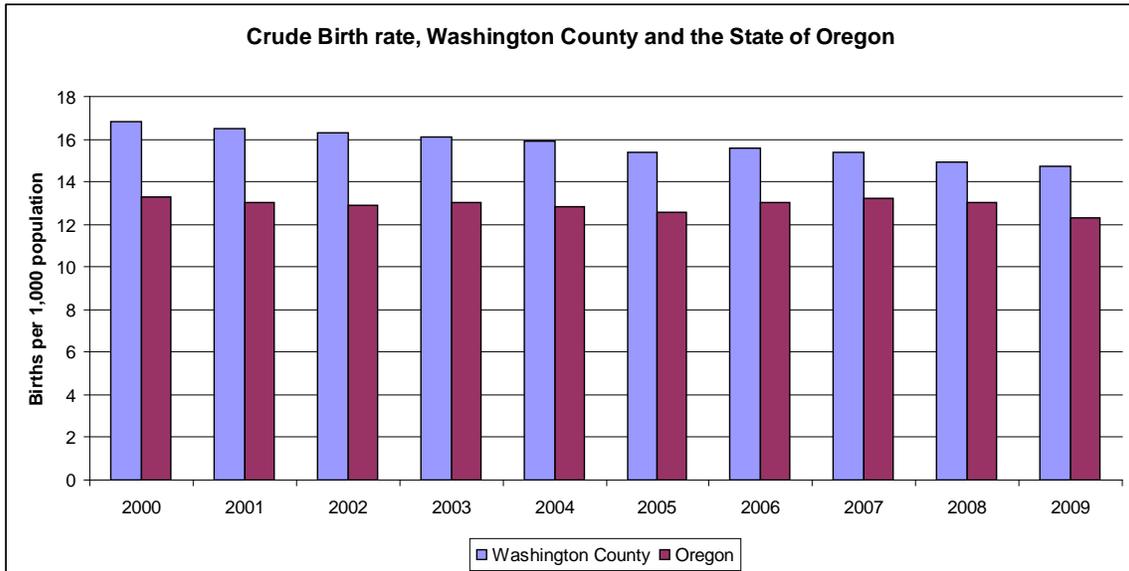
<sup>2</sup> Oregon Center for Health Statistics (OR CHS). Data accessed through VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

<sup>3</sup> OR CHS VistaPHw.



Our young and diverse (racially, ethnically, socioeconomically) population contributes to making the county's birth rate the highest in the state, with nearly 8,000 births a year (Table 1)<sup>4</sup>. The teen pregnancy rate has been similar to the state's average since 1998 (Figure 6)<sup>5</sup>. In 2006 there was an increase in pregnancies in the 10-14 year old age group<sup>6</sup>, but this has steadily decreased through 2009.

Table 1. Births by Year, Washington County and Birth Rates by Year, Washington County vs. Oregon

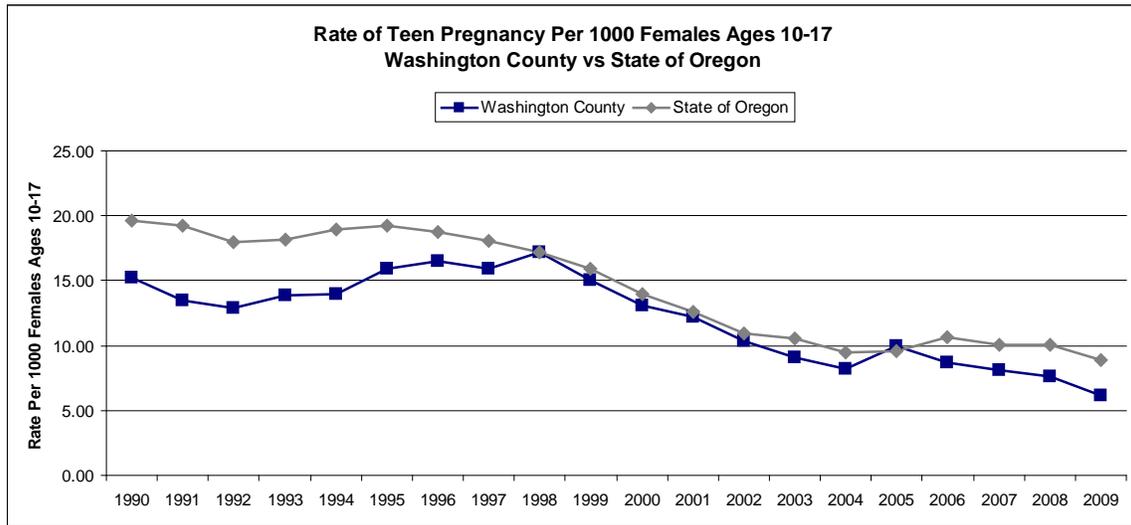


<sup>4</sup> OR CHS VistaPHw.

<sup>5</sup> OR CHS VistaPHw.

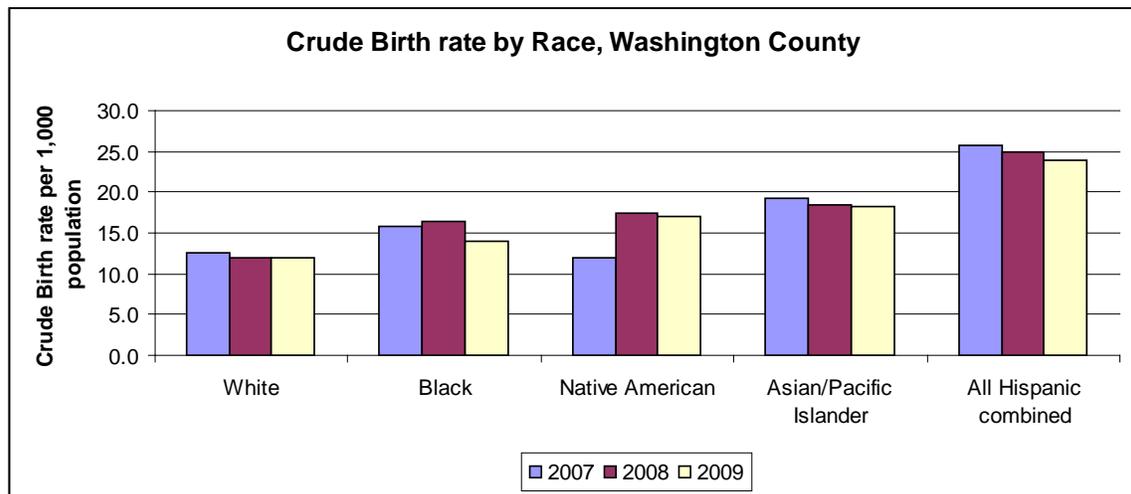
<sup>6</sup> OR CHS VistaPHw.

Figure 6. Rate of Teen Pregnancy per 1,000 Females Aged 10-17 by Year, Washington County vs. Oregon



The two groups that have the highest birth rates in the county are the Asian/Pacific Islander and Latina populations (Figure 7)<sup>7</sup>.

Figure 7. Crude Birth Rate by Race/Ethnicity, Washington County



Considering the high birth rates, prenatal care and pregnancy outcomes are of particular interest to Washington County public health. Prenatal care starts during the first trimester for over 75% of births in Washington County, consistently higher than the state average (Figure 8)<sup>8</sup>. The county has a similar number of low birth weight babies as compared to the state average (Figure 9)<sup>9</sup>.

<sup>7</sup> OR CHS VistaPHw.

<sup>8</sup> OR CHS VistaPHw.

<sup>9</sup> OR CHS VistaPHw.

Figure 8. First Trimester Prenatal Care by Year, Washington County vs. Oregon

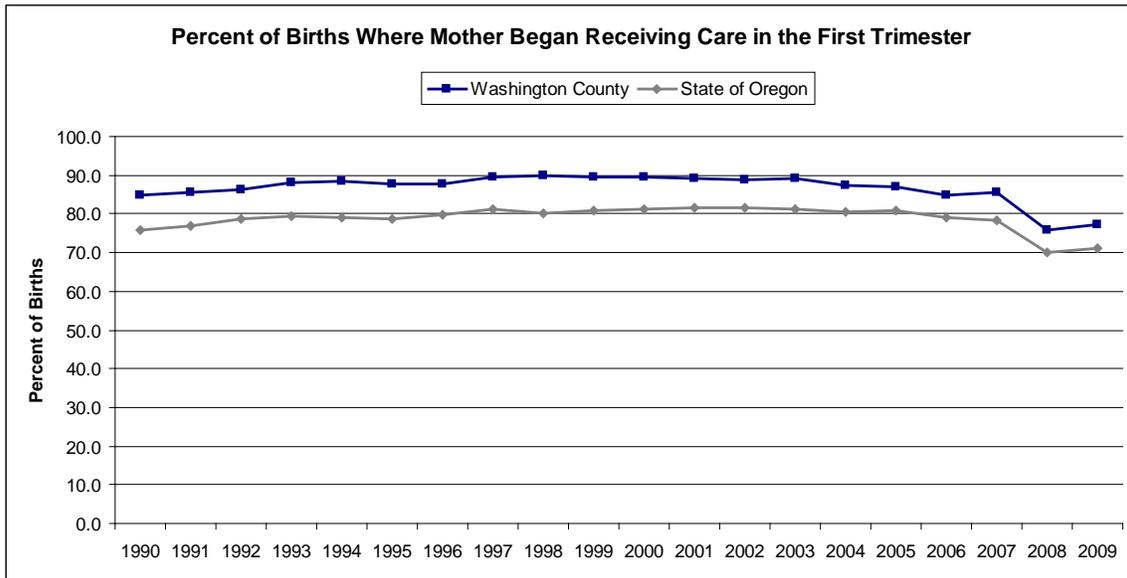
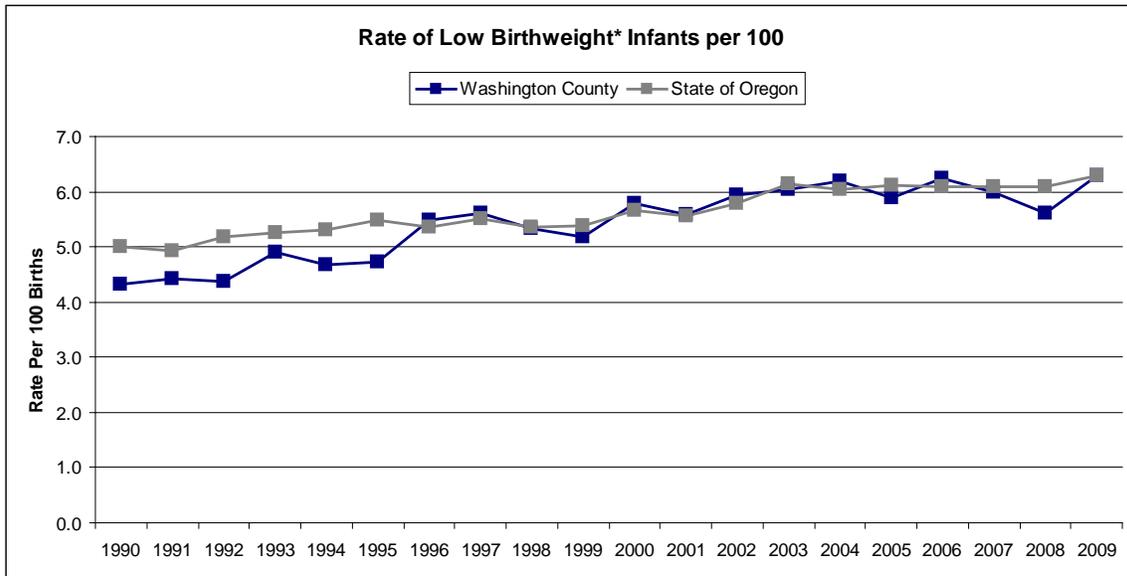


Figure 9. Low Birth weight Infants by Year, Washington County vs. Oregon



Washington County is diverse in measures beyond race and ethnicity. These measures include education, employment, poverty status, and access to care. Jobs in the county range from the high-tech corridor to migrant farm work. Approximately 19% of those 18-24 years of age have less than a high school education (compared to 16% statewide). While 26% of the county's 25 years and older population have bachelor degrees (18% statewide), 9% of did not have a high school diploma (7% statewide). Approximately 91% of Washington County residents had a high school diploma or higher education

level (89% state average) and 39% had a bachelors degree or higher (29% state average) indicating a well-educated population relative to the State of Oregon. There are however, striking differences by race and ethnicity (Table 2)<sup>10</sup>.

| Population   | Total | Asian | White | Hispanic |
|--|-------|-------|-------|----------|
| Less than high school                                    | 9%    | 9%    | 6%    | 42%      |
| High school graduate/some college/<br>Associate's degree | 52%   | 30%   | 46%   | 32%      |
| Bachelor's degree  | 26%   | 31%   | 27%   | 7%       |
| Graduate or Professional degree                          | 13%   | 30%   | 12%   | 4%       |

As job availability increases, annual unemployment rates have decreased from 9.0% to 7.8% in September 2010 to 2011<sup>11</sup>. The median household income in 2010 was \$60,489 (a decrease from 2009), with 14% of the population still living below 125% of the poverty level and 28% of the population living below 200% of the poverty level. This includes 12% of the county's children, aged 17 and under living below the poverty level<sup>12</sup>. Approximately 39% of the county's children were eligible for free or reduced lunch during the 2010-2011 school year. This varies greatly from district to district (range of 18% - 61%) and even more so school to school (range of 18% - 88%)<sup>13</sup>. During the 2010 homeless count, 935 adults and 448 children were identified as homeless in Washington County<sup>14</sup>.

According to the 2010 American Community Survey, 15% of Washington County residents do not have health insurance (compared to 17% of residents statewide). Another 20% have public insurance (compared to 29% of residents statewide)<sup>15</sup>.

Access to primary care has been a long identified priority within the county. In 2008, about 13% of adults report not having a primary care provider, 8% report not being able to go to the doctor when they needed to during the last year because of cost, and 15% have not been to the doctor for a routine checkup in the last 2 years<sup>16</sup>. The rate of primary care providers per 100,000 population was 105.8 in 2008 (down from 123.5 per 100,000 population in 2006)<sup>17</sup>.

<sup>10</sup> US Census, 2010 ACS.

<sup>11</sup> Oregon Employment Department Local Area Employment Statistics.

<http://www.qualityinfo.org/olmisj/labforce?key=startregion&areacode=4101000000>

<sup>12</sup> US Census, 2010 ACS. (Poverty Status past 12 months 2010 ACS 1-year estimate)

<sup>13</sup> Oregon Department of Education. Accessed at <http://www.ode.state.or.us/sfda/reports/r0061Select.asp>

<sup>14</sup> 2010 Point-in-Time Homeless Count. Accessed at <http://www.co.washington.or.us/Housing/10-year-plan-to-end-homelessness.cfm>

<sup>15</sup> US Census, 2010 ACS.

<sup>16</sup> US Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS). Accessed at [www.cdc.gov/brfss](http://www.cdc.gov/brfss)

<sup>17</sup> [Healthindicators.gov](http://Healthindicators.gov)

The local WIC program serves a caseload of 20,727 people with an active caseload of over 13,000 clients with daily requests for new appointments. Washington County's public health nurse home visiting service continually balances caseloads based on high risk versus higher risk, providing service to over 1205 families through more than 6657 home visits (7854 provider visits) in 2010.

Clinical services including family planning, sexually transmitted disease screening, HIV testing and counseling, immunization, and teen health services are offered in Hillsboro, Beaverton, and Tigard. In 2009, 81% (80% statewide) of 24-35 month olds were up to date on their immunizations<sup>18</sup>. Reporting from public as well as private providers tells us that Washington County typically has the second or third highest number of HIV, Chlamydia, gonorrhea, and early syphilis cases in the state. In 2010 there were 527 HIV cases; 1,388 Chlamydia cases; 96 gonorrhea cases; and 17 early syphilis cases<sup>19</sup>. Outreach to high risk populations is prioritized.

The communicable disease program is responsible for investigating reportable enteric disease, respiratory disease, and Hepatitis B and C. Other reportable diseases (see Table 3), includes suspected reportable diseases (i.e. meningitis and tuberculosis), and food borne disease outbreak investigations that are conducted collaboratively with environmental health specialists. Washington County typically has the second or third highest number of active tuberculosis (TB) cases in the state. In addition to managing active TB cases and worksite investigations, the team also provides preventive latent tuberculosis treatment and services.

Table 3. Reported communicable diseases, Washington County, 2010.

|                               |      |                       |    |
|-------------------------------|------|-----------------------|----|
| AIDS/HIV                      | 527  | Legionellosis         | 4  |
| Campylobacteriosis            | 111  | Listeriosis           | 4  |
| Chlamydiosis                  | 1388 | Lyme disease          | 3  |
| Cryptosporidiosis             | 38   | Malaria               | 5  |
| STEC ( <i>E. coli</i> O157)   | 22   | Meningococcal disease | 1  |
| Giardiasis                    | 56   | Pertussis             | 11 |
| Gonorrhea                     | 96   | Rabies, animal        | 2  |
| <i>Haemophilus influenzae</i> | 8    | Salmonellosis         | 57 |
| Hepatitis A                   | 3    | Shigellosis           | 6  |
| Hepatitis B (acute)           | 5    | Early Syphilis        | 17 |
| Hepatitis B (chronic)         | 89   | Tuberculosis          | 15 |
| Hepatitis C (acute)           | 0    | West Nile             | 0  |

According to the 2006- age-adjusted Behavioral Risk Factor Surveillance System, the majority of Washington County adults think of themselves in good health overall, with 89% reporting good, very good or excellent health. Approximately 19% indicated that

<sup>18</sup> Oregon Immunization Program. ALERT registry. <http://www.oregon.gov/DHS/ph/imm/alert/index.shtml>

<sup>19</sup> Oregon Public Health. Acute and Communicable Diseases (ACD). Accessed at <http://www.oregon.gov/DHS/ph/acd/stats.shtml>

they are limited in some way by physical, mental, or emotional problems<sup>20</sup>. The 2010 American Community Survey reports approximately 90% of residents being free from disability. Approximately 4% of the county's population report having a physical disability, 4% a mental disability, 1% having self-care difficulty and 3% having independent living difficulty<sup>21</sup>.

There were a total of 2,792 deaths in Washington County in 2009. The leading cause of death in 2009 was cancer (25%), followed by heart disease (19%), and cerebrovascular disease (7%) Unintentional injury, suicide, and homicide accounted for approximately 7% of deaths<sup>22</sup>. During 2004-2006 an average annual rate of 346 per 100,000 hospitalizations were injury related<sup>23</sup>.

Physical inactivity is of major concern for Washington County. Unfortunately, only a quarter of 8<sup>th</sup> graders and one fifth of 11<sup>th</sup> graders are getting the recommended level of physical activity in Washington County. Likely contributing to a lack of exercise, the county is home to three of the least walkable cities in Oregon: Tigard, Tualatin and Sherwood<sup>24</sup>. In a recent survey of sidewalk availability more than half of the county had "average" or "low" sidewalk availability on one side of the street (Washington County Opportunity Maps)

With low physical activity usually comes a high prevalence of overweight/obesity which is the case in Washington County. Recently, 24% of 8<sup>th</sup> graders and 22.2% of 11<sup>th</sup> graders surveyed were overweight or obese. This is compounded by the fact that 10.9% of 8<sup>th</sup> graders and 64.0% of 11<sup>th</sup> graders do not have physical education during any days at school<sup>25</sup>.

With the lack of walkability, low physical activity and high prevalence of obesity, it is not surprising to find that there are two major food deserts in urbanized census tracts in Washington County, representing 4,682 people with low access to healthy food<sup>26</sup>. However, even those with excellent access to healthy food are not consuming the recommended daily amount of fruits and vegetables (Figure 5). In fact, 78% of 8<sup>th</sup> graders and 82% of 11<sup>th</sup> graders are not eating proper fruits and vegetables

18.9% of deaths in Washington County are linked to tobacco<sup>27</sup>. Last year in the county, fifty thousand adults regularly smoked cigarettes, just under ten thousand people suffered from a serious illness caused by tobacco use and \$91 million dollars were spent on

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<sup>20</sup> CDC. BRFSS.

<sup>21</sup> US Census, ACS.

<sup>22</sup> OR CHS VistaPHw.

<sup>23</sup> Oregon Injury and Violence Prevention Program. Accessed at <http://www.oregon.gov/DHS/ph/ipe/index.shtml>

<sup>24</sup> <http://www.walkscore.com/OR>

<sup>25</sup> OR CHS 2005-2006 Oregon Healthy Teens survey

<sup>26</sup> <http://www.ers.usda.gov/data/fooddesert/fooddesert.html>

<sup>27</sup> Oregon Vital Statistics County Data 2008

medical care for tobacco-related illnesses<sup>28</sup>. Approximately 47% of Washington County smokers attempted to quit last year.

It is crucial to identify comprehensive strategies that will positively impact the community. By creating a supportive environment and increasing opportunities for people to live healthy and active lives in Washington County, the social and economic burdens of chronic disease will be reduced



Department of Health  
and Human Services

# 2012-13 Annual Report

July 1, 2012 – June 30, 2013

**T**his report highlights services and major accomplishments of Washington County Department of Health and Human Services and its community partners during the 2012-13 fiscal year.

This year marks 25 years since the Department of Health and Human Services was first formed. On July 1, 1988, the Public Health Department, Mental Health Department and the Juvenile Services Commission merged into a single, unified Department of Health and Human Services.

First envisioned in the County 2000 Strategic Plan, the department formed to improve coordination of health and human services, increase public knowledge and community support through improved communication, and strengthen local efforts to provide needed services to county residents. Since 1988, Animal Services, Jail Health, Emergency Medical Services, and Disability, Aging and Veteran Services have also been incorporated into the department.

Much has changed in Washington County during the past 25 years. In 1988, the county had a population of approximately 300,000 people compared to today's 547,672. The combined department's first annual budget was set at \$10,746,330; today it is \$94,594,815.

A few of the primary issues of concern in 1988 were AIDS prevention and education, creating community treatment and support options as alternatives to institutional care for persons with mental and physical

disabilities, and expanding treatment and prevention projects to address our society's pervasive drug abuse problem.

While we are still working on some of those very same issues today, several others have emerged. Public health emergency preparedness, providing more comprehensive services to persons with mental illness or developmental disabilities, meeting the service needs of a rapidly growing senior segment of our population, obesity and tobacco prevention, and reducing the spiraling costs of health care have all become significant challenges over the years.

John F. Kennedy once said, *"Change is the law of life. And those who look only to the past or present are certain to miss the future."* While it is important to take an occasional look in the rearview mirror, we continue to be as future-focused as we were in 1988 in our efforts to meet the needs of Washington County citizens.

As always, we appreciate the many contributions and support from department and agency staff members, council and board members, and the many volunteers throughout the county. We are always happy to hear from you — please feel free to contact us with questions or comments.

A handwritten signature in blue ink that reads "Rod Branyan".

Rod Branyan  
Director

## Public Health

The mission of Washington County Public Health is to improve and protect the public's health across the lifespan through prevention, education, partnerships and healthy environments.

🌀 Women, Infants and Children (WIC) focuses on nutritional education and support for low-income pregnant women and families with young children. In 2012:

- WIC served 32% of all pregnant women in Washington County.
- WIC served 19,312 individuals (8,685 families).
- 95% of WIC mothers started out breastfeeding.
- Participants spent \$7,490,237 in federally funded vouchers on healthful foods at local retailers.
- Participants spent \$147,128 in farmers' market coupons paid to local farmers.

🌀 Field team nurses made 6,772 home visits to 1,196 pregnant and post-partum women and their newborns, infants and toddlers with special healthcare needs.

🌀 Working with Clackamas and Columbia counties, public health emergency preparedness staff



The Pacific Region FDA recognized Community Health Nursing Supervisor Trevor Hostetler, Environmental Health Specialist Alisa Bruno, Environmental Health Licensing Supervisor Frank Brown, and Epidemiologist Kim Repp for their “superior collaborative (scombroid) investigation to identify and remove a wealth of hazardous seafood products from the marketplace.”



The 11<sup>th</sup> Annual Public Health Recognition Awards were presented to Tigard Turns the Tide and Michelle Rodriguez of Helping Empower Youth Together (HEY!). Both honorees work to prevent alcohol and drug use among youth.

developed *Preparing Together – A Discussion Guide and Toolkit*, a simple but thorough resource for families, neighbors and other groups to use to prepare for a disaster or emergency. Copies are available for public use through Washington County Cooperative Library Services as well as online.

🌀 Several new mannequins were added to the Washington County Mobile Training Unit, including a newborn, child and a birthing mother. This year, trainers conducted 125 sessions for paramedic students, fire departments, local hospitals, private ambulance companies and even a Girl Scout troop. The vehicle debuted in 2012 and is a collaboration among Washington County Emergency Medical Services, Portland Community College, Oregon Health & Science University, Oregon Institute of Technology and Pacific University.

🌀 In May, public health was a key player in a three-day full-scale exercise that tested the region's ability to respond effectively to a major disaster.

❧ A grant from Futures Without Violence allows staff to receive specialized training and implement screenings for intimate partner violence, including assessing for sexual and reproductive coercion. Public health is partnering closely with the Domestic Violence Resource Center during this three-year grant.

## Human Services

Human Services includes mental health, developmental disabilities and addictions.

❧ On average, there are 65 deaths by suicide each year in Washington County. Though Washington County has slightly lower rates of suicide than Oregon overall, it is higher than average among those ages 25-44.

In 2012-13, Washington County created a suicide prevention coordinator position to lead efforts in expanding suicide prevention beyond schools and into the broader community. In May, Washington County hosted the Summit of Hope, a community suicide awareness event that culminated in the formation of a Suicide Prevention Council. Suicide is preventable, and the council's vision is a community without suicide. The council's goal and strategies are aligned with the National Alliance for Suicide Prevention's National Suicide Prevention Strategy published in 2012.



Washington County has been providing Applied Suicide Intervention Skills Trainings (ASIST) since 2011. This is a best practices training for suicide first aid to prevent suicidal behavior. ASIST is one component of a comprehensive strategy of training

and technical support for a suicide prevention program for high schools in a majority of the school districts in the county. This year, 135 individuals attended the trainings.

❧ Washington County has played a significant role in a three-county healthcare transformation effort led by Health Share of Oregon. The goals of this effort have included creating system efficiencies through standardizing behavioral health business practices across the region; developing standardized payment methods and rate structures; and encouraging best practices and models of care that support the integration of physical, mental and dental health.

❧ The Developmental Disabilities program had a comprehensive State review in January (occurs once every five years) and scored a 93 (out of a possible 100) for services provided to individuals and families; documentation, policies and procedures; and overall program management.

Developmental Disabilities has been a leader in the Employment First Initiative, which emphasizes the goal of integrated employment for individuals with developmental disabilities. Washington County's Employment First group is used as a model statewide for integrating services among multiple agencies that serve young adults with developmental disabilities.

## Solid Waste & Recycling

The Solid Waste and Recycling program provides regulatory oversight, education and outreach services related to the collection, storage and disposal of garbage and recycling in unincorporated Washington County.

Washington County's Recycle at Work Award recognizes local businesses for their excellence in recycling, waste prevention and environmental purchasing. Examples include using integrated faxing and scanning applications to scan, send and receive documents without the use of paper; reusing materials and packaging; operating in a LEED-certified facility; replacing disposable foodservice ware with durable options; and taking work-generated food scraps home to feed farm animals.

This year, the Recycle at Work Award was given to DianaPlantSciences, Eid Passport, Finnegan's Village Toys, Fujimi Corp, Genentech and Raptor Ridge Winery.



In June, the partnership between Washington County Solid Waste & Recycling and the Hillsboro School District (HSD) was recognized with the Association of Oregon Recyclers' Recycler of the Year-Organization award. The collaborative effort involves improving the recycling infrastructure at HSD's 35 schools. For the 2012-2013 school year, the district enjoyed more than \$83,000 in cost savings thanks to the partnership.

## Animal Services

Washington County Animal Services, located at the Bonnie L. Hays Small Animal Shelter, cares for lost animals, finds homes for abandoned pets, licenses dogs, enforces animal cruelty laws and protects citizens from dangerous animals.

- The Bonnie L. Hays Small Animal Shelter took in 1,928 dogs, 1,908 cats and 53 other creatures, including rabbits, ferrets, guinea pigs, parakeets and even a pig.
- The shelter's first priority is to return animals to their owners; 1,287 animals (1,164 dogs, 119 cats, and four other animals) were returned to their worried owners. The shelter's return-to-owner rate for dogs was more than 60 percent; the national shelter average is about 25 percent.
- New homes were found for 1,089 animals (370 dogs, 709 cats, and 10 others). Another 877 animals were transferred to other trusted adoption programs.
- A full-time veterinarian was hired. This was the first year the shelter had a complete program of veterinary care for all the animals on a daily basis. The veterinarian performed amputations, eye removal, thyroid surgery and other procedures that allowed animals with painful or life-threatening conditions to become pain-free and adoptable. Many animals were saved.
- The Animal Protection Multi-Disciplinary Team won the Cameron Award for the best community collaboration in Washington County. In the previous year, more than 20 cases of animal abuse and neglect were prosecuted — with a 100 percent conviction rate. During the past two years, more than 300 nights of safe housing were provided to pets from domestic violence situations at the Bonnie Hays shelter.



Animal Services (and the Bonnie Hays Shelter) and other shelters in the Animal Shelter Alliance of Portland (ASAP) coalition received a total of \$1 million from Maddie's Fund, recognizing that no healthy animal has been euthanized in the Portland metro area in more than two years. Portland is declared the safest metropolitan area of more than 2 million people for pets. Washington County is the safest county in America's safest large community.

## Disability, Aging and Veteran Services

- Disability, Aging and Veteran Services (DAVS) was designated by the Oregon Department of Health and Human Services, State Unit on Aging as a fully functioning Aging and Disability Resource Connection (ADRC). People who call or visit an ADRC receive accurate, unbiased information on issues related to aging or living with a physical disability. It is funded by DHS and the local Area Agencies on Aging through federal grants.
- DAVS, in partnership with Washington County Facilities and Parks, City of Hillsboro and the Washington County Veterans Memorial Project, developed and built the Veterans Memorial Gateway in conjunction with Veterans Drive just south of the fair complex to honor all Washington County veterans. The first phase of the project was completed in December 2010. This partnership applied for and received a \$35,250 Oregon State Parks Veterans and War Memorial grant to enhance the site.

- DHS and the Oregon Home Care Commission awarded DAVS the STEPS program, which helps promote successful working relationships between consumer-employers and homecare workers. STEPS is a program for seniors and people with physical disabilities whose in-home services are provided through state programs.

## Commission on Children & Families



A school-based health center opened at Century High School in Hillsboro in March. The center provides high quality and comprehensive prevention services, developmental screenings, sports physicals, well-child check-ups, dental care, urgent care and mental health counseling.

## Department-Wide News of Note

- In February 2013, HHS hopped aboard the social media train and created a Facebook page as a way to engage with the community. Several divisions and programs within HHS also have their own Facebook pages and Twitter accounts.



- Each month, Community Matters is recorded at TVCTV in Beaverton. The show hit the airwaves in October 2012 and features a variety of topics and guests, with the goal of keeping Washington County residents safe, healthy and well-informed. All episodes are available for viewing via links on the county's website at [www.co.washington.or.us/hhs](http://www.co.washington.or.us/hhs).



## 1988–2013: Significant Milestones From the Past 25 Years

- 1988 Public Health Department, Mental Health Department and Juvenile Services Commission merge into a single unified Department of Health and Human Services.
- 1990 Construction of Washington County Public Services Building is completed. All HHS operations and administration are centralized.
- 1991 Solid Waste & Recycling becomes a separate program with full-time staff.
- 1993 Washington County Commission on Children and Families is established.
- 1994 The mascot Elliot the Elephant is created to encourage kids to get their shots. Elliot became a national sensation, appearing in more than 40 states.
- 1995 Dammasch State Hospital, a mental hospital in Wilsonville, closes.
- 1996 Washington County experiences a “100-year flood” in February.
- 1997 Washington County EMS establishes an exclusive franchise with Metro West Ambulance for 911 ambulance service.
- 2000 Fairview Training Center closes. More than 1,300 people with developmental disabilities return to community living.
- 2001 The September 11 terrorist attacks cause a re-evaluation of the nation’s emergency preparedness, food security and water security systems.
- 2002 Smokefree workplace law is implemented. It is expanded in 2009 to includes bars, bowling alleys and bingo halls.
- 2003 Mosquito control program is launched in response to West Nile Virus detection in the United States.
- Washington County Mental Health becomes an Oregon Health Plan Mental Health Organization administering mental health benefits.
- Public health emergency preparedness program is created and funded by the CDC in the aftermath of the anthrax attacks and 9/11.
- 2004 Animal Services and the Bonnie Hays Small Animal Shelter are transferred from the Department of Assessment and Taxation to the Department of Health and Human Services.
- The Washington County Drug Court program opens.
- 2005 The Department of Disability, Aging and Veteran Services merges into the Department of Health and Human Services as the DAVS division.
- The mobile crisis team is created to respond to mental health crises 24 hours a day, seven days a week.
- 2007 Washington County Public Health joins Multnomah and Clackamas counties in forming the regional health officer program.
- 2009 Communicable disease program successfully manages the first influenza pandemic (H1N1) in more than 30 years.
- 2012 Animal Services hires its first full-time veterinarian to provide comprehensive medical care in addition to spay/neuter surgeries.

## Our Partners in Service to the Community

HHS contracts or has strategic partnerships with these organizations for the provision of services to county residents.

|   |  |  |
|---|--|--|
| Abilities at Work                               | Edwards Center                                   | Oregon Law Center                                    |
| Active for Life                                 | Exceed Enterprises                               | Oregon Lithoprint                                    |
| Adams & Gray                                    | Forest Grove School District                     | Pacific University                                   |
| Adelante Mujeres                                | Full Life  | Performance Health Technology                        |
| Albertina Kerr Centers                          | Gaston School District                           | Police Activities League of Greater<br>Portland      |
| Alternative Services-Oregon                     | Goodwill Industries                              | Port City Development                                |
| Asian Health and Service Center                 | Harmony Housing                                  | Project Access Now                                   |
| Banks School District                           | Haven House Treatment Center                     | Providence Health System                             |
| Beaverton School District                       | Helping Empower Youth Together<br>(HEY!)         | Public Partnerships                                  |
| Beaverton Together                              | Hildah Highbe                                    | Q Center   |
| Bethesda Lutheran Communities                   | Hillsboro School District                        | Rebuilding Together                                  |
| Big Brothers Big Sisters Columbia<br>Northwest  | Home Instead Senior Care                         | Renew Consulting                                     |
| Boys and Girls Aid Society of<br>Oregon         | HomePlate Youth Services                         | Retired Senior Volunteer Program                     |
| CareOregon                                      | Howard Stables                                   | Retirement Connection                                |
| CASA for Children                               | Imagine Possibilities                            | Ride Connection                                      |
| Cascade AIDS Project                            | Impact NW  | Rock Creek Veterinary Hospital                       |
| Cat Adoption Team                               | Independence Northwest                           | Self Determination Resources                         |
| Catholic Community Services                     | LifeWorks Northwest                              | Sequoia Mental Health Services                       |
| Change Point                                    | Luke-Dorf  | Sherwood School District                             |
| City of Beaverton                               | Lutheran Community Services<br>Northwest         | St. Mary's Home for Boys                             |
| City of Hillsboro, Parks &<br>Recreation        | McCann's King City Pharmacy                      | Tigard-Tualatin School District                      |
| CODA  | Meals on Wheels People                           | Tigard Turns the Tide                                |
| ColumbiaCare Services                           | Mentor Oregon                                    | TNT Fiscal Intermediary Services                     |
| Comfort Keepers                                 | METRO  | Treatment Services NW                                |
| Community Action Organization                   | Metro West Ambulance                             | Trillium Family Services                             |
| Community Services, Inc.                        | Misty Mountain Family<br>Enrichment Center       | TriMet   |
| Community Vision                                | Morrison Child & Family Services                 | Tualatin Together                                    |
| Corizon Health                                  | Mountain Retreat Secured<br>Transport            | Tualatin Valley Workshop                             |
| Danforth and Associates                         | National Alliance for the Mentally<br>Ill (NAMI) | Tuality Health Care                                  |
| Danville Services of Oregon                     | Neighborhood Health Center                       | Tuality Medical Equipment                            |
| Daytime Enrichment Activities<br>and Recreation | Northwest Regional Education<br>Service District | Veterans Administration Medical<br>Center            |
| DePaul Industries                               | OHSU Intercultural Psychiatric<br>Program        | Virginia Garcia Memorial Health<br>Center            |
| DePaul Treatment Centers                        | Oregon Child Development<br>Coalition            | Washington County Consumer<br>Council/Drop-In Center |
| Domestic Violence Resource<br>Center            | Oregon Family Support Network                    | Western Psychological and<br>Counseling Services     |
| Dove Lewis Emergency Animal<br>Hospital         | Oregon Homecare Commission                       | Westside Community Focus                             |
| Dual Diagnosis Anonymous of<br>Oregon           | Oregon Humane Society                            | Worksystems, Inc.                                    |
| Dungarvin Oregon                                |  | Youth Contact  |
|   |  | Youth Move Oregon                                    |
|   |  | Youth Villages                                       |



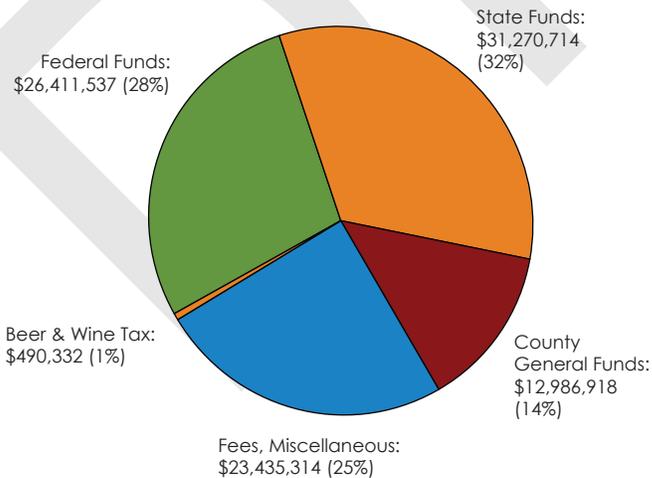
155 N. First Ave., Ste. 160, MS 5  
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[www.co.washington.or.us/HHS](http://www.co.washington.or.us/HHS)  
[HHSinfo@co.washington.or.us](mailto:HHSinfo@co.washington.or.us)

Department of Health  
 and Human Services

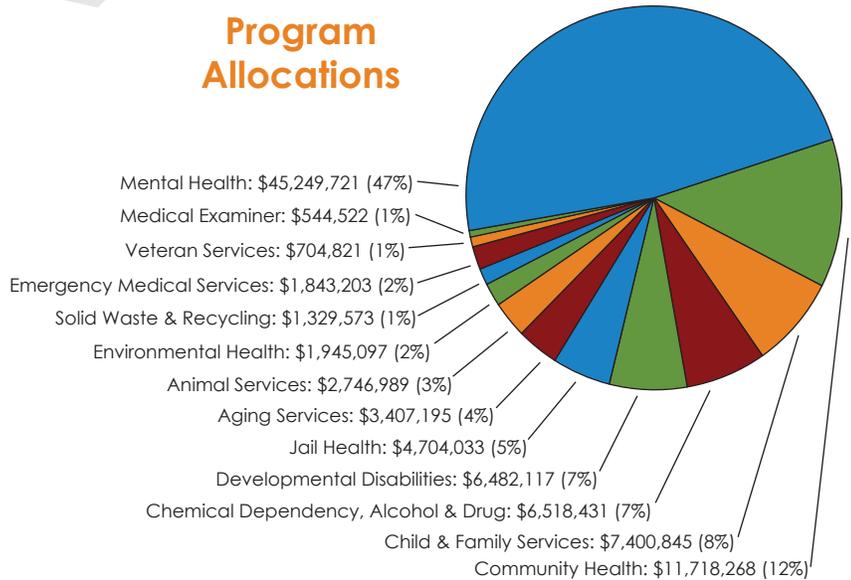
## Budget for Fiscal Year 2012–2013

### \$94,594,815

### Revenue by Source



### Program Allocations





Department of Health  
and Human Services  
*Public Health Division*

# STRATEGIC PLAN

## FY 2012-2016

### ABOUT THE PLAN

We are pleased to present Washington County Public Health Division's strategic plan for fiscal years 2012-2016. This plan is a key tool that guides our work and outlines our goals and objectives as we move into the future. It represents our firm commitment to work with our communities so that we have healthy places to live, work, learn and play.

We are in a time of significant change: health care reform at the national, state, and regional levels; the drive toward national public health accreditation; the early childhood redesign priority from the Governor; and shrinking resources. To be successful in light of these challenges, we must focus on strategies with the best health impact for all.

By implementing this plan, we will improve the health of our residents; work across programs to be more efficient and effective; collaborate with more community partners; and maintain a skilled and committed workforce. We also will strive to make our work more understandable and accessible.

Input for this plan was provided by public health staff, community partners and stakeholders. Particular thanks are due to the public health leadership team for their tireless work both internally and externally to ensure a competent process.

Kathleen O'Leary, RN, MPH, *Division Manager*

### MISSION

Washington County Public Health improves and protects the public's health across the lifespan through prevention, education, partnerships and healthy environments.

### VISION

Healthy People, Thriving Communities

### VALUES

- **INTEGRITY:** We are honest, reliable, ethical and trustworthy; we do what we say we will do.
- **RESPECT:** We treat each other with courtesy and kindness; we recognize and appreciate diversity among us; we are compassionate and sensitive to the needs of others.
- **EXCELLENCE:** We are committed to high quality work that produces outstanding results; we are knowledgeable, effective and dedicated.
- **COMMUNICATION:** We openly share information and actively listen to each other to promote a positive, inclusive work environment.
- **TEAMWORK:** We utilize our strengths to work together to achieve our goals while encouraging individual contribution and responsibility.
- **PROFESSIONALISM:** We take pride in our work; we aspire to continually grow, learn and improve; we speak and act in ways that support these values.

## PRIORITY #1

Support health at every age, size and ability—starting early.

### **Short-Term Objectives**

- In collaboration with *OSU Extension*, identify at least two projects related to sustainable food systems in Washington County.
- Complete at least one Health Impact Assessment (HIA) and identify at least two additional HIA possibilities.
- Develop and implement a community partner outreach plan that identifies public health leaders actively participating with existing coalitions and workgroups.
- Identify the need for other coalitions and workgroups and develop plans for addressing gaps.

### **Long-Term Objectives**

- In collaboration with *OSU Extension* and building upon previous projects, develop a food systems action plan.
- Collaborate with *Land Use & Transportation* to complete at least two additional HIAs related to emerging Washington County projects.
- Work cohesively with community coalitions and workgroups.
- Using a community-based strategy, ensure implementation of two to four new coalitions or workgroups.



## PRIORITY #2

Align with and actively participate in health care reform.

### **Short-Term Objectives**

- Complete a community health assessment that is specific to Washington County and resonates with both the four-county regional health assessment and the Coordinated Care Organizations' assessments.
- Share the results of the health assessment with stakeholders and the community-at-large.
- Develop a health improvement plan focused on addressing chronic illness through implementation of evidence-based interventions.

### **Long-Term Objectives**

- Update the community health assessment at least every five years.
- Implement the highest priority health improvement plan strategies.

## PRIORITY #3

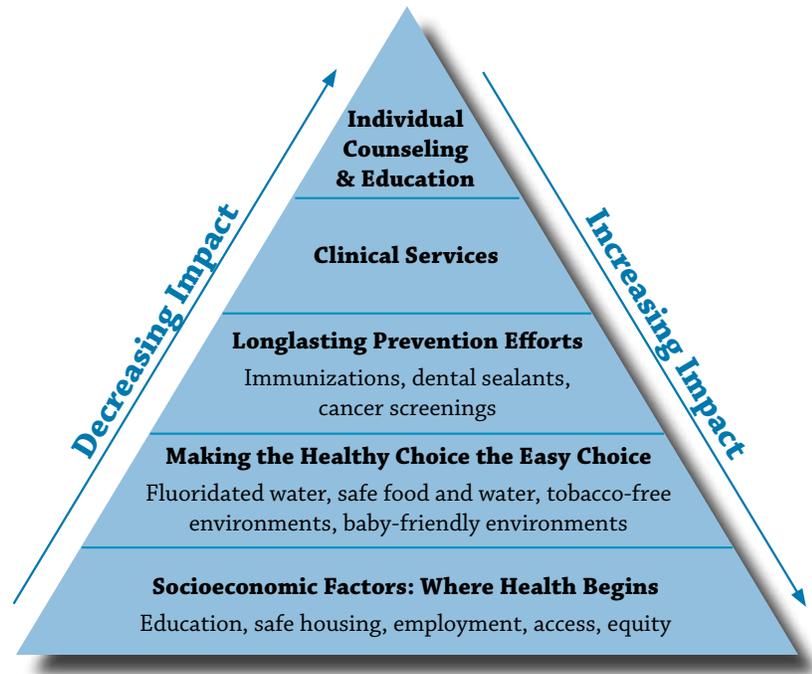
Focus on the bottom of the pyramid to improve health.

### Short-Term Objectives

- Identify health-related issues that impact high school graduation rates and ensure that they are included in the community health assessment and resultant health improvement plan.
- Establish and convene Washington County Public Health Advisory Board (PHAB).

### Long-Term Objectives

- Engage education and community partners to address the health risk factors associated with poor high school graduation rates.
- Washington County PHAB will develop and implement a work plan for public health priorities.



Graphic adapted from Thomas Frieden's Health Impact Pyramid



*“Every day our skilled staffs are working behind the scenes to protect our residents and promote good health.” — Rod Branyan, Director, Washington County Department of Health and Human Services*

## PRIORITY #4

Strengthen our successes.

### Short-Term Objectives

- Assess current workforce skills and develop a plan to improve skills related to coalition-building, program evaluation, health impact assessments, focus groups and performance management.
- Develop a plan redirecting staff from direct service to population-based public health.
- Develop comprehensive quality improvement process.
- Complete the application for public health accreditation.
- Increase the visibility of public health in the community by developing a communications plan.

### Long-Term Objectives

- Implement and evaluate the training plan.
- Evaluate staff expertise in delivering population-based services.
- Implement and institutionalize comprehensive quality improvement.
- Attain accreditation status.

## CORE ACTIVITIES

To achieve its mission, Washington County Public Health:

- Promotes healthy lifestyles for residents in their communities, schools and workplaces.
- Prevents disease, disability and premature death.
- Reduces or eliminates health disparities.
- Protects the public from unhealthy and unsafe environments.
- Provides or ensures access to quality, population-based health services.
- Prepares for and responds to public health emergencies.
- Produces and disseminates data to inform and evaluate public health status, strategies and programs.

## TEN ESSENTIAL PUBLIC HEALTH SERVICES

To implement our Core Activities, we will effectively deliver these ten essential services directly and/or through strong and effective partnerships:

1. Monitor health status to identify community health problems including health disparities.
2. Detect and investigate health problems and health hazards in the community.
3. Inform, educate and empower people and organizations to adopt healthy behaviors to enhance health status.
4. Partner with communities and organizations to identify and solve health problems and to respond to public health emergencies.
5. Develop and implement public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure the provision of population-based health services.
8. Ensure a competent public health workforce and effective public health leadership.
9. Evaluate effectiveness, accessibility and quality of public health services, strategies and programs.
10. Research for insights and innovative solutions to public health problems.



## STRATEGIC DIRECTION

Washington County Public Health will transition to the following directions:

- Increase our leadership role in community engagement for healthy communities.
- Focus on health beyond health care services.
- Increase our coalition-building practices by connecting agencies and organizations to improve health—become the “health match-maker.”
- Focus on internal and external policy, systems and environmental change.
- Focus on areas that impact health now and into the future—based on epidemiological data.
- Ensure that best practices are researched and implemented.
- Consistently use an equity lens in all of our work.
- Consistently incorporate a communications plan into all program planning and activities.

## CONTACT US

A more detailed version of this strategic plan is available on our website.

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**Public Health**  
Prevent. Promote. Protect.

**REQUIRED REPRODUCTIVE HEALTH ANNUAL PLAN  
FY 2015  
July 1, 2014 to June 30, 2015**

As a condition of Title X funding, sub-recipient agencies are required to submit an annual plan to the OHA Reproductive Health (RH) Program, as well as a projected budget for the time period of the plan. In order to increase the relevance of the process, we have developed a new required format which more accurately reflects the services – both direct and indirect – that lead to better health outcomes.

The following goals (also located in the drop-down menu of the annual plan form) are derived from OPA Priorities and cover the areas of Clinical Services, Counseling Services, Program Outreach and Health Systems Transformation.

- A.** Assure that delivery of quality family planning and related preventive health services is in accordance with Title X Program requirements and nationally recognized standards of care.
- B.** Assure that delivery of reproductive health services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist).
- C.** Direct services to address reproductive health disparities among your community's high priority and underserved populations.
- D.** Identify strategies for addressing the provision of health care reform and for adapting the delivery of reproductive health services to a changing health care environment.

To complete your annual plan, please choose a minimum of two goals, and then choose one corresponding objectives for each goal from the objectives drop-down list. It is also acceptable to choose two or more objectives for one goal. The objectives reflect National Standards of Care, where available, and best practices. Describe the activities you will conduct to achieve your benchmark and explain how you plan to evaluate your outcomes.

Additional information to help with this process, including suggested activities and program data, can be found at:  
[http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/TitleX/annual\\_plan\\_supporting\\_information.pdf](http://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/TitleX/annual_plan_supporting_information.pdf) The new data reports provided here reflect your agency's work in many of these areas during the past fiscal year. The RH program suggests that you review your county's current status for each objective and make your decision based on the needs or issues for your agency.

Our intention is to evaluate your progress by periodically reviewing your agency data when objectives are measurable. For objectives that are not data driven, we will request periodic progress updates

NOTE: We will not be asking for your progress report for FY2014 until after June 30, 2014. You may want to take the opportunity to look at your current plan and evaluate your own progress as you determine your new goals.

If you have any questions, please contact Connie Clark @ (541) 386-3199 x 200 or Linda McCaulley @ (971) 673-0362.



**REQUIRED REPRODUCTIVE HEALTH ANNUAL PLAN  
FY 2015  
July 1, 2014 to June 30, 2015**

| <p><b>Goal # 1</b> Assure that the delivery of RH services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist).<br/>(OPA Program Priority #2)</p>   |   |  |   |
|--|---|--|---|
| Objective  | Current Status  | Activities   | Evaluation timeframe  |
| <p>By June 30, 2015, increase <b>by <math>\geq 10\%</math></b>, the proportion of established ADOLESCENT (18 years and under) clients who receive STD/HIV prevention and relationship safety counseling at least once per year. .</p>  | <p>77.7% received STD/HIV counseling <math>\geq 1</math>;<br/>61.5% received relationship safety counseling <math>\geq 1</math></p> | <ol style="list-style-type: none"> <li>1. Redesign reminder &amp; tracking form to include both STD/HIV counseling &amp; relationship safety.</li> <li>2. Refresh staff on effective counseling methods for adolescents</li> <li>3. Continue implementation of Project Connect safety cards</li> </ol> | <p>Data will be collected weekly and reviewed at least monthly.</p> |
|  |   |  |   |
| <p><b>Goal # 2</b> Identify strategies for addressing the provision of health care reform and for adapting the delivery of reproductive health services to a changing health care environment. .</p>   |   |  |   |
| Objective  | Current Status  | Activities   | Evaluation timeframe  |
| <p>By June 30, 2015, increase by <u>2</u> the number of contracts established with CCOs and/or Qualified Health Plan.</p> <p>By June 30, 2015, will initiate (or complete) at least one activity toward supporting/providing insurance enrollment assistance to clients.</p> | <p>We have contract with 1 CCO (Care Oregon)</p> <p>We are not actively supporting/providing insurance enrollment assistance</p>    | <ol style="list-style-type: none"> <li>1. Contract with Family Care and Tuality Health Alliance, renew contract with Care Oregon.</li> <li>2. Send at least 1 staff person to Oregon Oregon navigator or assister training.</li> </ol>   | <p>Complete by 12/31/14</p> <p>Complete by 12/31/14</p>             |



**REQUIRED REPRODUCTIVE HEALTH ANNUAL PLAN  
FY 2015  
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| Goal # 3 Choose an item. |                |                |                      |
|--------------------------|----------------|----------------|----------------------|
| Objective                | Current Status | Activities     | Evaluation timeframe |
| Choose an item.          | _____ %        | 1.<br>2.<br>3. |                      |