Yamhill County Public Health Modernization Plan - Jan. 2026

Approved by the Yamhill County Board of Commissioners on 01/29/2026 via Board Order 26-021.

Summary

This plan describes how Yamhill County Public Health (YCPH) structures modernization work across program areas using a coordinated, cross-functional approach aligned with the Community Health Improvement Plan and other strategic and operational frameworks. Outcomes and metrics are measured in several ways, including the statewide accountability metrics, internal workplans and externally facing tools like dashboards and data reports.

Internal leadership, program staff, and community and system partners contributed to plan development to ensure alignment with local priorities and capacity. This plan functions as a living document to guide implementation, inform related planning efforts, support communication with external partners, and strengthen alignment of current and future funding opportunities that advance Public Health Modernization. YCPH will use this plan to coordinate and strategize work across the department, and it will be updated as needed to reflect changes in local data, goals and operations.

Assessment and Baseline Data

The 2022 Community Health Assessment (CHA) and 2023–2027 Yamhill County Community Health Improvement Plan (CHIP), both attached as appendices, identified seven priority areas listed below. Findings emphasize the importance of cross-sector partnerships, data-informed decision-making, and culturally responsive strategies to address the needs of priority populations.

Access to Healthcare	Access includes not only getting to an appointment but finding care that is right for a person's unique needs
Emergency Preparedness	This is an equity concern for people with accessibility or language service needs
Food and Nutrition	This focus area includes plans to get nutritious food to people's doors and make healthy choices simpler
Housing	Impacts are seen across economic categories and warrants and broad and comprehensive plan of itself
Infants and Youth	Supports for children impact a whole community's success
Mental Health & Substance Use	Programs to increase accessibility and expand the workforce

Transportation	Strategies are informed by the Yamhill County Transit Area and meant to address the transit needs specific to rural areas

These identified gaps and priorities reinforce the role of Public Health Modernization as a framework for strengthening infrastructure, advancing equity, and supporting consistent delivery of core public health services across Yamhill County.

Key CHIP Findings Aligned to Modernization Elements

- **Core health priorities (Program Areas)**
  - Behavioral health promotion and prevention, including mental health, substance use, and suicide prevention
  - Access to Clinical Preventive Services
  - Chronic disease prevention and healthy community conditions
- **Key inequities and populations of focus (Equity & Community Partnership)**
  - Rural communities, low-income households, and communities experiencing economic instability
  - Communities of color, agricultural and migrant workers, and individuals facing language, transportation, or access barriers
- **Cross-cutting system gaps (Foundational Capabilities)**
  - Public health and healthcare workforce capacity and sustainability
  - Gaps in access driven by transportation, cost, insurance coverage, and service availability
  - Need for stronger community partnerships, shared data, and coordinated planning across sectors
- **Justification for modernization investments (Infrastructure & Accountability)**
  - CHIP findings demonstrate the need for sustained investment in foundational capabilities such as assessment and epidemiology, community partnership development, communications, and performance management
  - Public Health Modernization supports the systems, capacity, and accountability required to address root causes of health inequities and move Yamhill County toward full implementation

Foundational Capabilities

Leadership and Organizational Competencies

Role Categories (Refer to Modernization Manual for specific LPHA roles)	Deliverables
Leadership and governance	Evidence of engagement in health policy development, discussion, and adoption with PHD to define a strategic direction for public health initiatives
	Evidence of engagement with appropriate governing entities about public health's legal authorities and what new legislative concepts, laws, and policies may be needed.
Performance management, quality improvement, and accountability	Implementation of a performance management system to monitor achievement of and accountability for public health objectives using a nationally recognized framework and quality improvement tools and methods
Human resources	Assessment of staff competencies; provision of training and professional development opportunities
Information technology	Operation and maintenance of interoperable information technology that meets current and future public health practice needs
	Training and technical support plan for users of local public health technology systems and technology resources
Financial management, contracts and procurement services, facility operations	Policies and procedures in place to protect personally identifiable and/or confidential health information

1. This capability is/will be implemented (check all that apply):	2. What percentage of this capability is provided by your LPHA?	3. Self-assessed expertise (CCA: 12. Summary, Row 20, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 20, Column H)
☒ Through LPHA staff ☐ Through contracted services ☐ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this capability (CCA: 12. Summary, Row 20, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 20, Column AD)	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 20, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, [Column AH + Column AL])
FTE: 6.20	**FTE: 9.20**	**$0.00**	**$0.00**

9. Describe any joint agreements or contracted services being used to support implementation of this capability

N/A

10. Revenue sources supporting this capability Tip		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 20, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, Column AP)
1. **Program Elements** funding	☐ Short-term or limited duration		
2. **General Fund** funding	☐ Short-term or limited duration	**$858,173**	**$1,160,988**
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this capability has been implemented to date

YCPH meets these system-level deliverables through active engagement with the Oregon Public Health Division (PHD) and our local governing entity to inform health policy development, clarify public health legal authorities, and identify emerging legislative and policy needs (at the federal and state levels) that impact public health practice.

Our LPHA has greatly expanded our ability to track productivity and accountability measures over the last 4-5 years. With the implementation of a performance management system (PMS) to assist in tracking and documenting, we have moved beyond simple workplans siloed within teams and programs. Our PMS is aligned with nationally recognized frameworks and quality-improvement methods to monitor progress, ensure accountability, guide decision-making and make data more accessible/public-facing.

Lastly, YCPH operates and maintains interoperable information technology systems that support current and future public health functions, supported by documented training and technical assistance for system users. Policies and procedures are in place to ensure the protection of personally identifiable and confidential health information, maintaining compliance with state and federal requirements.

14. Describe how the LPHA will work towards full implementation of this capability

Efforts to work towards full implementation include training for leadership and staff on advancing policy level work. Full implementation would also include more routine assessments of staff competencies and targeted training for professional development to build workforce capacity.

Additionally, the local Board of Health will be supported by public health staff to advocate with local and State leaders on our community needs.

15. Describe any barriers or challenges to full implementation of this capability

Barriers to full implementation include limited and often short-term funding that constrains long-range planning, workforce development, and technology investments. Staffing capacity and competing priorities—particularly emergency response and mandated activities—limit the time available for performance management, policy development, and continuous quality-improvement work. In addition, complex governance and data-security requirements can slow implementation of new policies, systems, and cross-jurisdictional initiatives.

Health Equity and Cultural Responsiveness

Role Categories (Refer to Modernization Manual for specific LPHA roles)	Deliverables
Foster health equity	Internal assessment, completed within the previous five years of the local authority's overall capacity to apply a health equity lens to programs and services, provide culturally responsive programming and services, and status of the division's structure and culture as a barrier or facilitator for achieving health equity.
	Action plan that addresses key findings from the internal assessment and includes organizational changes that support a health equity lens and cultural responsiveness. Action plan includes metrics and an accountability structure that identifies responsible work units, tasks, timelines, and performance measures.
	Documentation that demographic data are used to evaluate the impact of public health policies, programs, and strategies on health equity and health outcomes, and to inform public health action moving forward.
	Training plan to increase staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs. Documentation that training is provided to staff annually.
Communicate and engage inclusively	Community health improvement plan, developed within the previous five years, that specifically addresses health equity and cultural responsiveness.

1. This capability is/will be implemented (check all that apply):	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 17, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 17, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 17, Column H)
☒ Through LPHA staff ☐ Through contracted services ☒ Through cross-sector sharing ☒ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Basic**	**Moderate**

5. Current FTE supporting this capability (CCA: 12. Summary, Row 17, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 17, Column AD)	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 17, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, [Column AH + Column AL])
FTE: 0.39	**FTE: 1.39**	**$0.00** Tip	**$0.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this capability

N/A

10. Funding sources supporting this capability Tip		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 17, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, Column AP)
1. **PE 51** funding	☐ Short-term or limited duration	**$51,623**	**$173,506**
2. funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this capability has been implemented to date

YCPH has demonstrated substantial progress across two major goals—fostering health equity and enhancing inclusive communication—supported by multiple completed strategies and action items. Work completed so far includes conducting rural outreach and community event tabling, coordinating vaccine events, and implementing a Health & Human Services Awareness Tour to strengthen community engagement. The plan also reports advancement in internal capacity-building through the Inclusion, Compassion, Access, Resilience and Equity (ICARE) Committee, implementation of the Service Equity Action Plan, and adoption of the YCCO Language Access Toolkit. Additionally, partnerships have been strengthened through the Public Health organized and facilitated Community Equity Action/Assessment/Advisory Workgroup, collectively demonstrating meaningful steps toward more equitable, understandable, and community-responsive public health services

14. Describe how the LPHA will work towards full implementation of this capability **YCPH can achieve full implementation of the Health Equity & Cultural Responsiveness capability by embedding equity practices across all programs, strengthening workforce competencies, and deepening meaningful community partnerships. This includes fully implementing language access and culturally responsive communication, ensuring every program uses equity impact assessments in planning and service delivery, and building staff capacity in trauma-informed care, cultural humility, and community engagement. YCPH must also strengthen co-created relationships with culturally specific organizations, rural communities, and groups most impacted by inequities, ensuring shared decision-making and regular feedback loops. By improving data systems to identify disparities, tracking equity outcomes transparently, and consistently applying the Service Equity Action Plan and ICARE framework, Yamhill County can meet OHA's expectations for a health department that delivers equitable, respectful, and community-responsive services.**
15. Describe any barriers or challenges to full implementation of this capability **Full implementation of the Health Equity & Cultural Responsiveness capability is often challenged by limited and unstable funding, insufficient staffing—especially in equity, language access, community engagement, and data roles—and the constant pressure of competing priorities that reduce capacity for systems-level equity work. Departments of our size struggle with uneven application of equity practices across programs, fragmented data systems that make it difficult to identify and track disparities, and the time required to build trust and co-created relationships with impacted communities. Additional barriers include a workforce that may not reflect the community's cultural and linguistic diversity, complex coordination needs with external partners, and the organizational change management required to shift fully toward equity-centered approaches.**

Community Partnership Development

Role Categories (Refer to Modernization Manual for specific LPHA roles)	Deliverables
Identify and develop partnerships	Portfolio of cross-sector partnerships. The portfolio should include a description of partnering organizations, how the partnership supports population health and how the partnership addresses health disparities.
	List of all community partners involved in local and regional health needs, health impact and health hazard vulnerability assessments. The list should include descriptions of partners involved, their roles and contributions to the effort.
	List of all key regional health-related organizations with whom the health department has developed relationships. Documentation of collaborations and corresponding benefits to the public's health in grant progress reports and other summaries of activities.
	List of all local community groups or organizations representing priority populations with whom the local public health authority has developed relationships. Document successes, lessons learned, recognized barriers to collaboration and strategies to overcome these barriers.
	Documentation of training, technical assistance and other forms of support provided to partners.
	Evaluation reports on the effectiveness of community partnerships. Reports should address what is working well, and specific areas where improvement is needed related to communication, identification of shared goals and ability to work together to achieve them.
Engage partners in policy	Documentation of meetings, communications and other efforts to engage communities disproportionately affected by health issues.

1. This capability is/will be implemented (check all that apply):	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 14, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 14, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 14, Column H)
☒ Through LPHA staff ☐ Through contracted services ☒ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this capability (CCA: 12. Summary, Row 14, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 14, Column AD)	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 14, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 14, [Column AH + Column AL])
FTE: 1.39	**FTE: 2.39**	**$0.00** Tip	**$0.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this capability

N/a

10. Funding sources supporting this capability Tip		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 14, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 14, Column AP)
1. **PE 51** funding	☒ Short-term or limited duration	**$185,044**	**$299,000**
2. funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this capability has been implemented to date

To date, YCPH has built and strengthened cross-sector partnerships through consistent rural outreach, participation in school- and community-based coalitions, and collaboration with organizations such as School Districts, Grand Sheramina Community Services, YCCO, Oregon Pacific AHEC, and local pharmacies and senior centers. Staff regularly attend and table at community events serving priority populations—including rural residents, older adults, youth, tribal community members, and people experiencing food insecurity or substance use challenges—while coordinating vaccine clinics and distributing resources through trusted community partners. YCPH has also advanced internal capacity-building through the ICARE Committee, ongoing work on the Service Equity Action Plan, and involvement with the Community Equity Action/Assessment/Advisory Workgroup, which supports shared learning and community-informed action. Although some deliverables—such as full adoption of the YCCO Language Access Toolkit and inclusive communications—have not yet begun, the department has meaningfully engaged communities disproportionately affected by health issues through listening sessions, CHIP progress-sharing, and collaborative planning. Overall, YCPH has laid a strong foundation for culturally responsive practice by expanding partnerships, engaging priority populations, participating in regional networks, and initiating internal structures that support equity-centered decision-making.

14. Describe how the LPHA will work towards full implementation of this capability

YCPH will work toward full implementation of the Community Partnership Development capability by expanding and formalizing relationships with cross-sector partners, strengthening co-created approaches with community groups, and embedding consistent structures for shared planning, communication, and evaluation. Building on current work with schools, food security organizations, tribal partners, social service agencies, and health care partners, YCPH will develop a comprehensive partnership portfolio that clearly outlines partner roles, shared goals, and how each collaboration supports population health and reduces disparities. The LPHA will enhance engagement with priority populations through regular rural outreach, equity workgroup sessions, listening forums, and deeper collaboration with culturally specific and community-based organizations. YCPH will also implement standardized tools—such as partnership assessment processes, and partnership evaluation metrics—to strengthen trust, clarify expectations, and track progress over time. Additionally, the department will continue the work of the ICARE Committee, implementing the Service Equity Action Plan, improving language access and culturally responsive communications, and ensuring staff have the skills needed to maintain equitable, community-centered partnerships. Through these combined efforts, YCPH will move steadily toward full OHA modernization implementation by ensuring partnerships are intentional, equitable, data-informed, and responsive to community-identified priorities.

15. Describe any barriers or challenges to full implementation of this capability

YCPH faces several barriers to fully implementing the Community Partnership Development capability, including limited staff capacity to consistently engage with the wide range of community groups, especially in rural areas, and competing program priorities that pull staff attention away from long-term relationship building. While many partnerships are active, efforts remain uneven across programs due to the absence of standardized partnership assessment tools, shared communication processes, and sufficient time for co-creation with community-based organizations. YCPH also faces challenges related to sustaining engagement with priority populations, such as limited language access infrastructure, trust-building constraints, and the need for stronger culturally responsive communication materials. Additionally, some community partners have limited bandwidth to participate regularly, creating gaps in shared planning and follow-through. These challenges slow the ability to fully document, evaluate, and strengthen partnerships in a way that meets OHA modernization expectations.

Assessment and Epidemiology

Role Categories (Refer to Modernization Manual for specific LPHA roles)	Deliverables
Data collection and electronic information systems	*No local deliverable*
Data access, analysis, and use	Vital records reports.
Respond to data requests and translate data for intended audience	Summaries of: i. Disease occurrence, outbreaks, and epidemics; ii. The impact of public health policies, programs, and strategies on health outcomes, including economic analyses, when appropriate; iii. Key indicators of community health, which include information about upstream or root causes of health; iv. Leading causes of disease, injury, disability, and death, which include information about health disparities; and v. Analyses of statewide surveys on health attitudes, beliefs, behaviors and practices.
Conduct and use basic community and statewide health assessments	Community health assessment developed within the past five years
	Demonstrated use of data to inform annual updates to community health improvement plan
Infectious disease-related assessment	Documentation of capacity to interact with the State Public Health Lab on a 24/7 basis

1. This capability is/will be implemented (check all that apply):	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 8, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 8, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 8, Column H)
☒ Through LPHA staff ☐ Through contracted services ☒ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this capability (CCA: 12. Summary, Row 8, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 8, Column AD)	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 8, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, [Column AH + Column AL])
FTE: 2.00	**FTE: 4.00**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this capability

N/a

10. Funding sources supporting this capability Tip		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 8, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, Column AP)
1. **Program element** funding	☒ Short-term or limited duration	**$295,762**	**$553,136**
2. funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this capability has been implemented to date

YCPH meets Assessment and Epidemiology deliverables by monitoring data/disease trends to make informed decisions about treatment, mitigation and prevention. We routinely produce reports (for internal and external audiences) and respond to data requests with audience-appropriate summaries of disease occurrence, outbreaks, and epidemiologic trends. The team analyzes and communicates the impacts of communicable diseases on the community, provides key indicators of community health—including upstream determinants and disparities. YCPH maintains an up-to-date Community Health Assessment (CHA) – last completed in 2022 - and uses local data to guide annual updates to the Community Health Improvement Plan (CHIP). The infectious disease program maintains documented 24/7 capacity to interact with the Oregon State Public Health Laboratory for case reporting, specimen coordination, and urgent testing needs. Through these activities, YCPH ensures data are consistently collected, analyzed, translated, and applied to inform public health action.

14. Describe how the LPHA will work towards full implementation of this capability

To achieve full implementation, YCPH would likely need to increase dedicated epidemiology staffing to expand our data infrastructure, analytic capacity, and ability to distribute local health information. We plan to integrate more automated reporting tools, improve data-sharing workflows with community partners, and increase staff training in epidemiology, data visualization, and health equity analysis. YCPH will further deepen its use of CHA and CHIP data to drive decision-making, ensure timely updates, and align resources with identified disparities and upstream determinants.

15. Describe any barriers or challenges to full implementation of this capability

Barriers to full implementation primarily include limited staffing and analytic capacity, which constrain YCPH's ability to produce timely, in-depth assessments across all priority areas. Aged data infrastructure also contributes to challenges in reporting and analyzing data consistently. Expanding 24/7 infectious disease assessment capacity would require sustained workforce support, cross-training, and reliable surge staffing, which can be challenging within current resource levels. These constraints collectively slow progress toward full implementation of assessment and epidemiology functions.

Policy and Planning

Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Develop and implement policy	Current community health improvement plan.
	Documentation of community health improvement plan updates provided to the governing body to whom the local health authority is accountable
	Local strategic policy plan
	Documentation of developed and amended rules and regulations.
Improve policy with evidence-based practice	*No local deliverable*
Understand policy results	Documentation of CHIP updates and information made available to the public.

1. This capability is/will be implemented (check all that apply):
   - ☒ Through LPHA staff
   - ☐ Through contracted services
   - ☐ Through cross-sector sharing
   - ☐ Through cross-jurisdictional sharing
   - ☐ As a health district

2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 26, Column N)

   100%

3. Self-assessed expertise (CCA: 12. Summary, Row 26, Column F)

   Basic

4. Self-assessed capacity (CCA: 12. Summary, Row 26, Column H)

   Moderate

5. Current FTE supporting this capability (CCA: 12. Summary, Row 26, Column P)

   FTE: 0.0

6. FTE needed for full implementation (CCA: 12. Summary, Row 26, Column AD)

   FTE: 1.0

7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 26, [Column T + Column X])

   $00.00

   Tip

8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, [Column AH + Column AL])

   $00.00

   Tip

9. Describe any joint agreements or contracted services being used to support implementation of this capability

N/a

10. Funding sources supporting this capability Tip		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 26, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, Column AP)
1. **N/a** funding	☐ Short-term or limited duration	**$00.00**	**$130,952**
2. funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this capability has been implemented to date

YCPH leverages the local Board of Health to provide recommendations to the governing body on issues of policy and strategic planning. They also support State level advocacy as needed. YCPH leadership stays closely engaged in both local and state level policy work through committees and coalitions.

14. Describe how the LPHA will work towards full implementation of this capability

YCPH works toward full implementation by continuing to build stronger connection between policy level advocacy and decisions and CHIP priorities. Continued work on regular communication and reporting to governing bodies has been identified as a priority.

15. Describe any barriers or challenges to full implementation of this capability

Additional funding to support full implementation is needed. Policy level work requires dedicated time and staff to review, monitor, propose, etc. This is not possible with our existing staffing levels.

Communications

Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables*
Regular communications	Strategic communications plan that articulates the authority's mission, value, role and responsibilities in its community, and supports department and community leadership to communicate these messages. The strategic communications plan should include high priority issues that require proactive communications with the public.
Emergency communications	Internal communications plan
	Communication products based on the strategic communications plan and risk communication needs that consider the end user and use appropriate format(s) and language(s)
	Communication products that are culturally responsive, incorporate health literacy principles and address varying racial and ethnic backgrounds, geographic locations, and language preferences.
	News releases and public meeting notices
	Policy briefs and other related communications
	Public-facing website with regular updates made to content
	Evidence of two-way communications with the public
	Documentation of annual communications training for any staff beyond the public information officer who communicate with the public about public health issues
	Evidence of two-way communications with PHD
	Evaluation reports on the effectiveness of communications
	Evidence that communications and strategies are adjusted based on evaluation findings
	Communications evaluation plan that is structured around health equity and literacy

*Deliverables for this capability are not associated with a specific role category

1. This capability is/will be implemented (check all that apply):	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 34, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 34, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 34, Column H)
☒ Through LPHA staff ☐ Through contracted services ☒ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this capability (CCA: 12. Summary, Row 34, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 34, Column AD)	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 34, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, [Column AH + Column AL])
FTE: 1.0	**FTE: 2.0**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this capability

We have an MOU with our local CCO and a local hospital to do a joint CHA/CHIP, and some of the relevant deliverables are completed by, or met with assistance from our partners.

10. Funding sources supporting this capability Tip		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 34, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, Column AP)
1. Program Elements funding	☒ Short-term or limited duration	**$136,204**	**$253,771**
2. funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this capability has been implemented to date

YCPH has made notable progress toward meeting emergency preparedness communications deliverables by strengthening communication pathways with partners, expanding multilingual and accessible public information, and ensuring consistent community outreach. We have established reliable processes for receiving and sharing shelter availability during extreme weather, posting timely updates via social media, and increasing internal and community awareness of heating/cooling shelters and clean-air respite sites. We have expanded multilingual emergency preparedness materials and is actively building an inventory of translated resources in multiple languages. YCPH has supported community-facing outreach at events such as WVMC's Ready Together Fair and Chemeketa's emergency preparedness resource fair, and maintains regular engagement with community partners to ensure priority populations receive critical information during crises. The Everbridge notification system has been streamlined through coordination with Emergency Management, with ongoing promotion and Spanish-language notification considerations. YCPH also documents public-facing trainings, distributes culturally responsive materials, and ensures interpretation availability at events. These efforts collectively demonstrate progress toward strategic and internal communications planning, two-way community communication, culturally responsive messaging, and routine updates to public-facing platforms, consistent with OHA emergency preparedness expectations.
YCPH has made significant strides in non-emergency communications as well. There has been a significant increase in providing general communications to community members through social meeting and community events. Consistent and timely communication with health care providers has significantly increased over the last three years and expanded beyond alerts to include a quarterly communicable disease update that includes information on treatment guidelines, community resources and local data.

14. Describe how the LPHA will work towards full implementation of this capability

We will work toward full implementation of the Communications capability by strengthening strategic and internal communications infrastructure, expanding multilingual and culturally responsive materials, and formalizing consistent two-way communication systems with both the public and key partners. Building on current progress—such as streamlined shelter notifications, expanded translated materials, Everbridge coordination, and community outreach—YCPH will develop and refine a comprehensive communications plan that outlines roles, responsibilities, priority hazards, and proactive public-facing messaging. The LPHA will further expand partnerships with community-based organizations, schools, Emergency Management, CERT, MRC, and culturally specific groups to create shared communication pathways and ensure priority populations receive timely emergency information in formats and languages they prefer. YCPH will also enhance staff training, ensuring all communicators beyond the PIO receive annual risk-communication and equity-focused training, while developing evaluation tools to routinely assess communication effectiveness and update strategies based on findings. Strengthening web content, increasing Everbridge enrollment, expanding interpretation capacity, and formalizing documentation of trainings, outreach, and partner engagement will collectively move the LPHA toward full OHA modernization implementation of this capability.

15. Describe any barriers or challenges to full implementation of this capability

YCPH faces several barriers to fully implementing the communications capability, including limited staff capacity to sustain the ongoing development of multilingual, culturally responsive communication materials and the need for more consistent coordination with community partners during emergency events. While some communication systems—such as shelter notifications and Everbridge—are functioning, enrollment gaps, limited language translation capacity, and inconsistent Spanish-language notification features pose challenges to reaching all priority populations. Several strategies, including culturally responsive preparedness trainings, expanded partner engagement, and community-wide educational offerings, are not yet started or have been paused due to resource constraints, reducing overall readiness. As in other areas of our work, community organizations have limited bandwidth for ongoing collaboration, slowing two-way communication during emergencies.

Emergency Preparedness and Response

Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Prepare for emergencies	Continuity of operations plan for the local public health authority
	Documentation demonstrating planning for emergency preparedness exercises
	Documentation that planned emergency preparedness exercises have been executed
	Public health emergency preparedness plans according to established guidelines
	Plans for the distribution of pharmaceuticals in an emergency
	Approved local ambulance service area plans
Respond to emergencies	Disaster epidemiology reports
	Documented participation in emergency response efforts
	Documentation of enforcement of emergency public health orders.
	Situational assessments and resulting operational plans, including objectives, resources needed and how to resume routine operations
Coordinate and communicate before and during an emergency	Portfolio of community partnerships to support preparedness and recovery efforts
	Documented delivery of health alerts and preparedness communications to partners and the general public

1. This capability is/will be implemented (check all that apply):	2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 30, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 30, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 30, Column H)
☒ Through LPHA staff ☐ Through contracted services ☒ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Basic**	**Moderate**

5. Current FTE supporting this capability (CCA: 12. Summary, Row 30, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 30, Column AD)	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 30, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, [Column AH + Column AL])
FTE: 0.57	**FTE: 2.0**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this capability

We have an MOU with our local CCO and a local hospital to do a joint CHA/CHIP, and some of the relevant deliverables are completed by, or met with assistance from our partners.

10. Funding sources supporting this capability		Tip	11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 30, Column AB)	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, Column AP)
1. Program elements funding	☒ Short-term or limited duration		**$57,176**	**$311,415**
2. funding	☐ Short-term or limited duration			
3. funding	☐ Short-term or limited duration			
(Add additional rows as needed for additional funding sources)		Tip		

13. Describe how this capability has been implemented to date

YCPH has met several emergency preparedness deliverables through active communication, partner coordination, and community outreach, though many internal planning documents are not referenced. YCPH has participated in emergency response efforts by sharing shelter availability during extreme weather, coordinating with Emergency Management and partners, posting timely public updates, and conducting preparedness outreach at events like WVMC's Ready Together fair and Chemeketa's resource fair. YCPH has expanded multilingual preparedness materials, promoted Everbridge enrollment, distributed emergency communications, and built a strong portfolio of preparedness-supporting partnerships with schools, CBOs, YCEM, MRC, CERT, and others. However, the CHIP does not provide evidence of internal deliverables such as a Continuity of Operations Plan, pharmaceutical distribution plans, ambulance service area plans, disaster epidemiology reports, enforcement of public health orders, or formal emergency preparedness plans and exercises. Overall, the CHIP demonstrates solid community-facing preparedness communication and partnership development, while internal operational planning deliverables remain undocumented in this report.

14. Describe how the LPHA will work towards full implementation of this capability

YCPH will work toward full implementation of the Emergency Preparedness capability by developing and formalizing all required internal planning documents and operational systems while strengthening its capacity for coordinated, equitable emergency response. This will include creating a Continuity of Operations Plan, updating public health emergency preparedness plans, and developing pharmaceutical distribution and POD plans aligned with state and federal guidelines. The LPHA will also plan, conduct, and evaluate annual emergency preparedness exercises using HSEEP standards and document situational assessments, operational plans, and enforcement actions during real events. To support data-driven response, the department will build capacity for disaster epidemiology reporting and improve systems for tracking partner alerts and public notifications. Additionally, YCPH will deepen partnerships with Emergency Management, CBOs, healthcare partners, and culturally specific organizations to ensure vulnerable populations receive timely, accessible emergency information. Through these combined efforts—developing plans, executing exercises, strengthening community partnerships, and improving documentation—the LPHA will meet all modernization deliverables and achieve full implementation of this capability.

15. Describe any barriers or challenges to full implementation of this capability

Full implementation of the Emergency Preparedness capability is challenged by limited staffing capacity, competing program demands, and the absence of several core emergency planning documents that require dedicated time, technical expertise, and cross-department coordination to complete. YCPH also faces challenges in maintaining the infrastructure needed for regular preparedness exercises, disaster epidemiology reporting, and enforcement documentation, as these activities have not been routinely integrated into existing workflows. Partner bandwidth—especially among community-based organizations and rural partners—can be inconsistent, making it difficult to maintain two-way communication pathways and ensure multilingual, culturally responsive outreach during emergencies. Additionally, reliance on fragmented communication systems, varying levels of Everbridge enrollment, and limited internal processes for situational assessments and operational planning create barriers to meeting all modernization deliverables. Collectively, these challenges reflect both resource limitations and system-level gaps that the LPHA must address to achieve full implementation.

Foundational Programs

Communicable Disease Control

Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Communicable disease surveillance	Local reports of notifiable diseases
	Portfolio of strategic partnerships with hospitals, health system and other partners
Communicable disease investigation	Documented implementation of investigative guidelines
	Documented submission of individual communicable disease ca consistent with Oregon statute, rule and program standards
	Policies in place to ensure maintenance of security of personally collected through audits, review, update, and verification
	Protocols for proper preparation, packaging and shipment of dis samples of public health importance (e.g., animals and animal p
	Respond to emerging infectious diseases (e.g., SARS, MERS, Ebo
	Documented reporting of communicable disease cases and outb public health administrator
	Communications with the public about outbreak investigations
Communicable disease intervention and control	Documentation of policies to ensure appropriate screening and and TB cases, including pre- and post-exposure prophylaxis for H
	Health education resources for the general public, health care p care facility staff, infection control specialists and others regard preventable diseases, health care-associated infections, antibio related issues
	Protocols or process maps for information-sharing between pro disease transmission
	Plans to allocate scarce resources in an emergency or outbreak
	Reports of gaps in surveillance, investigation, and control of cor public health agencies
	Standards and documentation of technical support for enforcen laws (e.g., isolation and quarantine, school exclusion laws)
Communicable disease response evaluation	Assessment reports of outbreak investigation and response effo state and by local public health
	Evaluation presentations and publications
	Documented results of quality and process improvement initiati
	Work with PHD to evaluate disease control investigations and ir findings to improve these efforts

1. This program is/will be implemented (check all that apply):	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 37, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 37, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 37, Column H)
☒ Through LPHA staff ☐ Through contracted services ☐ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this program (CCA: 12. Summary, Row 20, Column P)	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 37, Column AD)	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 37, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, [Column AH + Column AL])
FTE: 3.04	**FTE: 3.24**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this program

N/a

10. Funding sources supporting this program Tip		11. Current total expenditures supporting this program (CCA: 12. Summary, Row 37, Column AB)	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, Column AP)
1. Program elements funding	☒ Short-term or limited duration	**$456,842**	**$493,389**
2. funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources)	Tip		

13. Describe how this program has been implemented to date

YCPH meets Communicable Disease deliverables through an integrated system of surveillance, investigation, intervention, and continuous evaluation. The program conducts routine surveillance and produces local reports of notifiable diseases, supported by a documented portfolio of strategic partnerships with hospitals, health systems, providers, schools, long-term care facilities, and community organizations. Communicable disease investigations are conducted in accordance with established investigative guidelines, with timely submission of individual case and outbreak data in compliance with Oregon statutes, rules, and program standards. Policies and procedures are in place to ensure the confidentiality and security of personally identifiable information, and staff follow documented protocols for the preparation, packaging, and shipment of specimens of public health importance. YCPH maintains readiness to respond to emerging infectious diseases and documents reporting of cases and outbreaks to the local public health administrator, as well as public communications related to outbreak investigations.

For intervention and control, YCPH maintains policies to ensure appropriate screening, treatment, and follow-up for HIV, STD, and TB cases. The program provides health education resources to the public, healthcare providers, and facility staff on diseases prevention, healthcare-associated infections, and local/regional resources. Documented protocols support timely information-sharing between providers to reduce disease transmission, and plans are in place for allocation of scarce resources during outbreaks or public health emergencies. YCPH documents identified gaps in communicable disease surveillance, investigation, and control and provides technical support for enforcement of public health laws, including isolation, quarantine, and school exclusion.

YCPH evaluates communicable disease response through assessment reports of outbreak investigations conducted locally and in coordination with the Oregon Health Authority, participation in evaluation presentations and publications, and implementation of quality and process improvement initiatives. Findings from these evaluations are shared with the Public Health Division and used to strengthen future communicable disease investigations, interventions, and response efforts.

14. Describe how the LPHA will work towards full implementation of this program

To work toward full implementation, YCPH will continue strengthening communicable disease infrastructure by expanding workforce capacity, enhancing cross-training, and improving surge readiness for outbreaks and emerging infectious diseases. The LPHA will continue using the data management tools at our disposal to support timely reporting, analysis, and secure information-sharing with healthcare and community partners. YCPH will further formalize and expand strategic partnerships with hospitals, schools, long-term care facilities, and providers to improve early detection, coordinated response, and continuity of care. The department will update and refine investigative protocols, emergency resource-allocation plans, and public communication strategies based on after-action findings and quality-improvement activities. By leveraging evaluation results, advancing staff training, and aligning resources with evolving disease threats, YCPH will move toward full, sustainable implementation of communicable disease surveillance, investigation, intervention, and response functions.

15. Describe any barriers or challenges to full implementation of this program

Barriers to full implementation of the Communicable Disease program include limited and fluctuating funding that constrains staffing levels, training opportunities, and the ability to maintain surge capacity for outbreaks and emerging infectious diseases. Recruitment and retention of qualified communicable disease nurses and epidemiology staff remain challenging, particularly given increasing workload complexity and burnout following prolonged emergency response activities. Data system limitations and reporting requirements across multiple platforms can reduce efficiency and delay real-time analysis and information-sharing with partners. Additionally, the expanding scope of communicable disease threats—including antimicrobial resistance, congenital syphilis, and novel pathogens—continues to increase demand without proportional increases in resources. These challenges collectively impact YCPH's ability to fully meet modernization expectations on a sustained basis.

Prevention and Health Promotion

Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables*
Collect, standardize, analyze, coordinate, use and disseminate data	Local summaries, reports and information for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above. Summaries and reports include information about risk factors and burden of disease among diverse populations.
Provide timely, relevant, and accurate information about social, emotional, and physical health and safety	Documented strategies used to share data, summaries and reports with communities, partners, policy makers and others
Convene stakeholders, engage statewide organizations and partners, and cultivate leadership and vision for prevention and health promotion policies, programs, and strategies	Documented strategies used to educate consumers about the impact of marketing strategies on health
Develop a prioritized plan to address health needs using policy, systems, and environmental change strategies. The prioritized plan aligns the CHIP, the local strategic plan, and other public health planning documents	Portfolio of partners and stakeholders, including local organizations that work with priority populations
Implement local policies, programs, and strategies to improve social, emotional, and physical health and safety at the level supported by existing funding	Documentation of shared priorities and strategies with partners and stakeholders
	Documented participation or leadership in local coalitions
	Documentation of work with the community to build capacity and support community organizing efforts.
	Documented trainings and other learning opportunities made available to partners, stakeholders, and community members
	Local prioritized plan
	Current community health improvement plan. Documentation of annual updates for current CHIP
	Evidence of strategies to reduce health disparities in the CHIP
	Evidence of implementation and coordination of policies, programs and strategies for: i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization plans; and

	iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above
	Documented efforts to secure funds for prevention and health promotion programs and interventions
	Evaluation plans; evidence that plans have been shared

*Deliverables for this program are not associated with a specific role category

1. This program is/will be implemented (check all that apply):	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 42, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 42, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 42, Column H)
☒ Through LPHA staff ☐ Through contracted services ☒ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this program (CCA: 12. Summary, Row 42, Column P)	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 42, Column AD)	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 42, [Column T + Column X])	8. Estimated direct contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, [Column AH + Column AL])
FTE: 5.49	**FTE: 8.49**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this program

N/a

10. Funding sources supporting this program Tip		11. Current total expenditures supporting this program (CCA: 12. Summary, Row 42, Column AB)	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, Column AP)
1. Program elements funding	☒ Short-term or limited duration	**$711,708**	**$1,036,571**
2. County general fund funding	☐ Short-term or limited duration		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this program has been implemented to date

YCPH meets the Prevention and Health Promotion deliverables by working creating and documenting shared priorities with partners, collaborating through leadership and participation in local coalitions, and working directly with community members to build capacity and support prevention efforts that are sustainable and impactful. Training and learning opportunities are regularly provided to partners and stakeholders, and the current CHIP includes prioritized plans, annual updates, and explicit strategies to reduce health disparities across several community-identified focus areas like emergency preparedness, food/nutrition, infants/youth and mental health/substance use. YCPH coordinates implementation of evidence-based policies and programs across all CHIP priority areas, actively seeks creative ways to sustain prevention efforts, and maintains evaluation plans that are shared with partners to support continuous improvement.

14. Describe how the LPHA will work towards full implementation of this program

In working toward full implementation, YCPH is ensuring that our prevention trainings/education and any relevant data are readily available to our community and partners. We have been developing public-facing dashboards to track CHIP work progress and are formalizing systems for reporting progress updates internally and externally. We have also been expanding outreach efforts to increase community awareness of the services offered not only at Public Health, but at other HHS divisions as well.

15. Describe any barriers or challenges to full implementation of this program

Barriers to full implementation of this program stem largely from resource and capacity limitations that make it difficult to sustain comprehensive prevention efforts across all priority areas. Many prevention/promotion strategies outlined in the CHIP require long-term, stable funding, yet available funds are often short-term or categorical, limiting flexibility and continuity. Community capacity constraints reduce our ability to provide regular trainings, maintain coalition participation, and support community organizing at the scale intended. Additionally, persistent inequities—such as transportation barriers, housing instability, and cultural or language mismatches—require intensive, ongoing community partnership and outreach that exceed current capacity. These combined challenges make it difficult to fully implement all modernization expectations in a sustained and equitable way.

Environmental Health

Role Categories (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Identify and prevent environmental hazards	Current community health assessment that includes environmental health
	Written best practices for vector control
	Policy briefs and other communications on environmental health impacts
	Documented communications on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations
Conduct mandated inspections	Documented provision of licensing and certification of recreational facilities, food service facilities and tourist accommodations
	Review and inspection reports of regulated entities and facilities
	Documented investigation of complaints and assessment of fines/penalties, including those related to: i. Waterborne disease; ii. Regular drinking water testing and reporting of results; and iii. Failure to meet water quality standards and requirements
	Documented compliance with standards and processes
	Documented enforcement of regulations
	Information systems that provide current and accurate information to support environmental health functions at the state and local level
	Documented consultations on the assessment and mitigation of environmental health hazards for the food service industry and the general public
Promote land use planning	Documentation of health analyses prepared for other organizations with recommended approaches to ensure healthy and sustainable built and natural environments
	Communications on environmental justice concerns and disparities

1. This program is/will be implemented (check all that apply):	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 48, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 48, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 48, Column H)
☒ Through LPHA staff ☒ Through contracted services ☐ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this program (CCA: 12. Summary, Row 48, Column P)	6. FTE needed for full implementation (CCA: 12. Summary, Row 48, Column AD)	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 48, [Column T + Column X])	8. Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, [Column AH + Column AL])
FTE: 3.0	**FTE: 12.0**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this program

N/a

10. Funding sources supporting this program Tip		11. Current total expenditures supporting this program (CCA: 12. Summary, Row 48, Column AB)	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, Column AP)
1. Licensing fees funding	☐ Short-term or limited duration	**$488,904**	**$1,634,582**
2. County general fund funding	☐ Short-term or limited duration		
3. Program element funding	☒ Short-term or limited duration		
(Add additional rows as needed for additional funding sources) Tip			

13. Describe how this program has been implemented to date

YCPH meets Environmental Health Public Health Modernization objectives through comprehensive program infrastructure and consistent delivery of core services. YCPH documents routine communication of hazards and protection recommendations to regulated facilities, stakeholder organizations, and the public, alongside the licensing, certification, and inspection of food service establishments, recreational facilities, and tourist accommodations. Staff complete and archive inspection reports, investigate complaints, and apply fines or corrective actions—including for drinking water testing compliance, and violations of water quality standards. YCPH further ensures adherence to regulations through documented compliance processes and enforcement actions. Information systems are used to maintain accurate, up-to-date environmental health data and support statewide reporting. The program also provides documented consultation to the food service industry and public on hazard assessment and mitigation.

14. Describe how the LPHA will work towards full implementation of this program **In order to achieve full implementation, the YCPH EH team should work towards expanding the work done in non-regulatory aspects of their work. For example, creating written best practices for vector control or produce policy briefs and communications on emerging environmental health impacts. We have begun some of that work with regard to lead testing and abatement, but EH work on things like the broader impacts of extreme weather remain limited.**
15. Describe any barriers or challenges to full implementation of this program **Key barriers to full implementation of the Environmental Health program include limited funding streams that constrain staffing capacity, state-level technology upgrades, and the ability to expand regulatory oversight that keeps up with the pace of community growth. Outdated or fragmented data systems can slow timely reporting, analysis, and information-sharing with state partners. Additionally, emerging environmental health threats—such as climate-driven vectors, wildfire smoke, and infrastructure-related water quality concerns—continue to expand the scope of required work without proportionate increases in resources. These factors collectively make it difficult to consistently meet all modernization standards at the depth and frequency intended.**

Access to Clinical Preventive Services

Role Category (Refer to Modernization Manual for LPHA specific roles)	Deliverables
Ensure access to cost-effective clinical care	Jurisdictional reports on access to clinical preventive services
	Documentation of resources provided to clinical and community partners on evidence-based guidelines for the delivery of clinical preventive services
	Documentation of work with partners to recommend strategies for improving access to clinical preventive services
	Documentation for the development and implementation of a plan for improved access to clinical preventive services, particularly for priority populations. Document implementation of this plan
	Evaluation reports of policies implemented to improve access to clinical preventive services
	Documentation of compliance with state and federal laws

1. This program is/will be implemented (check all that apply):	2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 52, Column N)	3. Self-assessed expertise (CCA: 12. Summary, Row 52, Column F)	4. Self-assessed capacity (CCA: 12. Summary, Row 52, Column H)
☒ Through LPHA staff ☐ Through contracted services ☐ Through cross-sector sharing ☐ Through cross-jurisdictional sharing ☐ As a health district	**100%**	**Profiecient**	**Moderate**

5. Current FTE supporting this program (CCA: 12. Summary, Row 52, Column P)	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 52, Column AD)	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 52, [Column T + Column X])	8. Estimated direct contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, [Column AH + Column AL])
FTE: 0.5	**FTE: 1.0**	**$00.00** Tip	**$00.00** Tip

9. Describe any joint agreements or contracted services being used to support implementation of this program

N/a

10. Funding sources supporting this program Tip		11. Current expenditures supporting this program (CCA: 12. Summary, Row 52, Column AB)	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, Column AP)
1. Program elements funding	☒ Short-term or limited duration	**$67,043**	**$134,087**
2. Healthcare billing limited duration funding	☐ Short-term or		
3. funding	☐ Short-term or limited duration		
(Add additional rows as needed for additional funding sources)	Tip		

13. Describe how this program has been implemented to date

YCPH meets the Access to Clinical Preventive Services deliverables by collaborating with healthcare systems, CBOs, and statewide programs to recommend strategies that improve access, reduce barriers, and strengthen care coordination across our county. YCPH operates a clinic offering immunizations as well as STI testing and treatment. Additionally, our department provides clinical and community partners with evidence-based guidelines and technical resources to support consistent delivery of preventive services and works collaboratively with partners to recommend and implement strategies that reduce access barriers. YCPH has developed and implemented a documented plan to improve access to clinical preventive services, with ongoing monitoring of progress and evaluation of related policies and initiatives. All activities are conducted in compliance with applicable state and federal laws, with documentation maintained to demonstrate accountability and continuous improvement.

14. Describe how the LPHA will work towards full implementation of this program

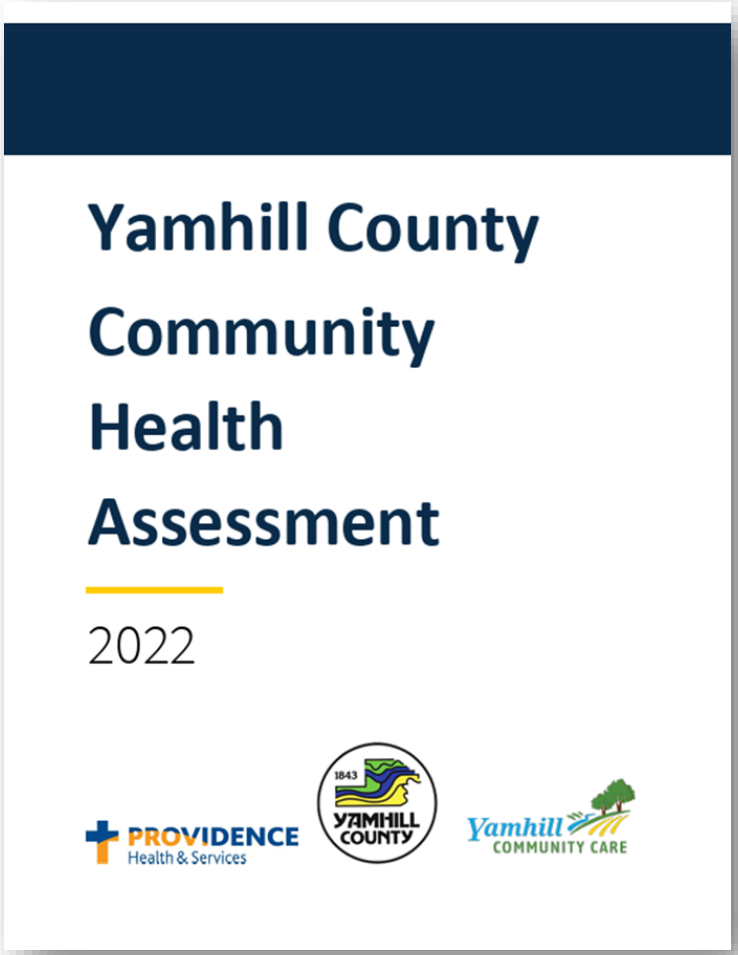
One way that YCPH could better meet all the deliverables and more fully implement modernization is to more regularly assess and report out on access to these kinds of services. Although we do an assessment of access to preventive services for the CHA/CHIP, we do not regularly monitor the relevant metrics in the interim. In the last five years, we have produced one report that assessed local access to reproductive health care and identified gaps affecting priority populations, but we lack the staff capacity and resources to do large-scale assessments like this and share the results with the community on a more frequent basis.

15. Describe any barriers or challenges to full implementation of this program

Key barriers include limited funding/staff time that can be dedicated specifically to this work, turnover in community partners/community contacts, and limited availability of clinical providers (especially in the most rural areas of the county).

Appendix A – YCPH Community Health Assessment

https://hhs.co.yamhill.or.us/DocumentCenter/View/2994



Appendix B – YCPH Community Health Improvement Plan

https://hhs.co.yamhill.or.us/DocumentCenter/View/3009