Strategic Plan Progress Report
2017-2018
Note From the Director

When we wrote our 2017-2023 Strategic Plan, I knew it was ambitious. But that is because of who we are — dedicated public health practitioners. The work the Strategic Plan prioritizes is not just embedded in our day-to-day work; it asks us to go above and beyond to help improve the health of all Washington County residents.

Looking at this report, I feel so proud of what we have accomplished in the last year and a half. From building new knowledge and skills to implementing new systems and processes, every employee at Washington County Public Health has worked so hard to help us accomplish our goals. This report shows that we are making big differences internally and externally.

We still have a lot of work to do. Our current Strategic Plan is ambitious, but I want to share this report to celebrate our wins. This work could not happen without you. Thank you for all you do.

Background and Content

In the summer of 2017, Washington County Public Health adopted a new Strategic Plan.

This progress report is meant to highlight some of the work that has been done to advance that Strategic Plan, from the beginning of its implementation through the end of 2018. We couldn’t capture everything but tried to showcase the work and accomplishments of a variety of programs and workgroups.

Formatting

The Strategic Plan laid out four priorities for Washington County Public Health: Health Equity, Best and Promising Practice, Partnerships and Engagement, and Communication. Each priority had three to four objectives under it, helping guide how we would make the priorities actionable.

This progress report was formatted for ease of readability and to demonstrate both accountability and transparency. It is divided by priority, with updates under each objective from programs and workgroups on the work they have done.

In this report, you will also find future actions that will continue to move the Strategic Plan forward. We have committed to implementing these pieces of work and are on track to accomplishing them. They are included in this report so you can see what concrete actions lie ahead to move these objectives forward.
### Acronyms

For your reference, here is a list of acronyms used throughout this report:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CHA</td>
<td>Community Health Assessment</td>
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<td>CHIP</td>
<td>Community Health Improvement Plan</td>
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<td>CLHO</td>
<td>Coalition of Local Health Officials</td>
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<td>CQI</td>
<td>Continuous Quality Improvement</td>
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<td>CYF</td>
<td>Children, Youth and Families</td>
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<td>DCAP</td>
<td>Disease Control and Prevention</td>
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<td>EH</td>
<td>Environmental Health</td>
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<td>EMS</td>
<td>Emergency Medical Services</td>
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<td>HEPP</td>
<td>Health Equity, Planning and Policy</td>
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<td>HHS</td>
<td>Health and Human Services</td>
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<td>MCH</td>
<td>Maternal Child Health</td>
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<td>OHA</td>
<td>Oregon Health Authority</td>
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<td>PH</td>
<td>Public Health</td>
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<td>PHEP</td>
<td>Public Health Emergency Preparedness</td>
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<td>PHLT</td>
<td>Public Health Leadership Team</td>
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<td>QI</td>
<td>Quality Improvement</td>
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<td>RAID</td>
<td>Research, Analytics, Informatics and Data</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>TIC</td>
<td>Trauma Informed Care</td>
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<td>WCPH</td>
<td>Washington County Public Health</td>
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<tr>
<td>WIC</td>
<td>Women, Infants and Children</td>
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Objective 1.1: Develop a procedure for culturally competent and responsive internal and external communications.

- EMS updated forms to reflect cultural humility and trauma-informed practices.
- The CHIP leadership team developed an equity plan, and created tools to help CHIP committees identify opportunities and take action to improve health equity.
- MCH received trauma-informed care trainings and created an implementation plan with a focus on staff and internal factors, improved the use of the client satisfaction survey by changing from an online format to phone calls, and improved the texting platform for clients.
- WIC integrated the peer counselor texting platform into general WIC services.

Future plans to address this objective:

- HEPP will implement new culturally-responsive suicide prevention trainings.
- The Reproductive Health Coalition of Washington County will create outreach materials that are culturally competent and responsive to the needs of the communities it serves.
- RAID is formally adopting and requiring REAL+D race/ethnicity standards on all data collection instruments.
- EMS will update electronic patient charts to be more gender inclusive.

Special Point of Interest

What is REAL+D?

REAL+D is a data policy setting a common standard for the collection of race, ethnicity, language and disability data across all programs in the Department of Human Services (DHS) and the Oregon Health Authority (OHA) in the state of Oregon.

The new standards, which were finalized in 2014, were developed in response to the 2011 State of Equity Report which revealed the need to identify racial and ethnic health disparities as a top priority to reflect the needs of the diversifying Oregon population.
Priority One

Achieve health equity by eliminating health disparities and improving health for all

Objective 1.2:
*Improve integration of cultural humility into public health practice to ensure delivery of culturally and linguistically appropriate services.*

- DCAP created all-gender restrooms and asked communities for input when developing a culturally supportive waiting room area at the Beaverton clinic.
- Many programs received trauma-informed care trainings and also conducted and facilitated community trainings on TIC. This included HEPP and CYF staff conducting a “Train the Trainers” for Adelante Mujeres, which will be translated, made culturally responsive and shared back with WCPH.
- Healthy Columbia Willamette Collaborative is partnering with community organizations to facilitate community engagement data gathering/listening sessions for the Regional Community Health Assessment, making them mutually beneficial and compensating community organizations for their work.
- EMS hired Spanish-speaking instructors for CPR courses and included training about substance use disorder into all CPR courses.
- RAID identified top languages in the county based on the new census data.
- DCAP developed a streamlined procedure for vulnerable populations to receive low-barrier HIV/STI testing and treatment at safety net clinics, and they collaborated with Virginia Garcia Memorial Health Center to treat latent tuberculosis within their medical home to provide culturally and linguistically appropriate services.
## Objective 1.2:

*Improve integration of cultural humility into public health practice to ensure delivery of culturally and linguistically appropriate services.*

### Future plans to address this objective:

- EMS plans to develop a research project to examine equitable treatment practices and to expand equity and diversity training into the EMS franchise contract, ensuring all ambulance transport provider employees receive this training.
- The Reproductive Health Coalition of Washington County is developing plans to create systems and conduct outreach that are culturally and linguistically appropriate.
- MCH will include Nurse Family Partnership (NFP) participants on the NFP Community Advisory Board to gain insight and collect feedback to assist in shaping culturally and linguistically appropriate interventions.
- WIC will develop plans to expand services for Arabic participants and continue to monitor the spoken languages report to assess the needs of the communities served.
- The PH Equity Workgroup, along with the Public Health Leadership Team will continue to provide trainings for staff on diversity, equity and inclusion.
- The PH Equity Workgroup will provide a training to the Public Health Management Team on using an equity lens and implement this as a standard to guide program and budget decisions.
- Community Health workers in MCH and DCAP programs will attend trainings and increasing their skills to engage and work with community members on health equity.
The CHIP Steering Committee started a mini-grant program, with a focus on capacity building for equity and trauma-informed practices, as well as projects related to the CHIP.

WIC partnered with Community Action to host a resource advocate at the office; with Neighborhood Health Center to provide free dental screenings and referral services; and with Project Access Now to provide Oregon Health Plan enrollment services.

DCAP received a Public Health Modernization grant to support the identification and treatment of latent tuberculosis infection (LTBI) in the Latinx community and to focus on identifying the cultural needs of people experiencing the greatest disparity of LTBI in Washington County.

HEPP collaborated with Disability, Aging and Veteran Services to show and discuss a film about veteran suicide and mental health.

MCH has been working with CYF to develop a comprehensive referral network for Washington County families, specifically serving the prenatal through three community.

DCAP included voices of people who use injection drugs in their needs assessment for harm reduction services.

The Suicide Risk Factor Surveillance System (SRFSS) and Suicide Fatality Review process, developed by RAID and the Medical Examiner Program, have led to targeted training for people who have the most contact with persons at risk for suicide.

EMS partnered with the Sheriff’s Office to create naloxone toolkits for all County patrol vehicles, created a workgroup designed to meet the pre-hospital needs of intoxicated EMS callers, and started a conversation with local partners about sex crimes, human trafficking and their interaction with EMS.

DCAP is working with Oregon Health Equity Alliance on an equity assessment and plan for communicable disease work.
Priority One

Achieve health equity by eliminating health disparities and improving health for all

Objective 1.3:
Develop a collaborative process for targeting resources for people experiencing the greatest disparity.

Future plans to address this objective:

- MCH will use a new referral network to create partnerships with agencies that previously had not been referring their clients to receive MCH services.
- DCAP is implementing a comprehensive harm reduction model, including needle exchange and mobile testing for HIV and STI.
Objective 1.4: Ensure alignment with HHS Equity strategies.

- RAID ensured the data collection standards in both the HHS and PH equity strategies align with best available practices.
- The HHS Equity Workgroup included members from the PH Equity Workgroup in order to align strategies and tactics.
- The Public Health Equity Workgroup ensured all staff received equity and conflict-resolution training, and the Public Health Management Team received management-specific equity training.

Tell Me More!

PH Equity Workgroup

Purpose:
To provide leadership to the Washington County Public Health Division (WCPH) on creating an organizational culture focused on achieving health equity and the practice of cultural humility to ensure that WCPH meets the six essential components to health equity work outlined in the Oregon Public Health Modernization Manual.

Some 2017-2018 Goals:
- Engage all WCPH staff in reducing health disparities throughout our community.
- Provide culturally responsive services across the Public Health Division.
- Ensure authentic community engagement and participation to inform public health practice.
Preventing Suicide Through Data Collection

Suicide has been identified as a top health concern in Washington County in the last two Community Health Assessments. The Research, Analytics, Informatics and Data (RAID) team and the Medicolegal Death Investigators (MDI) developed and implemented an innovative suicide surveillance system that has been proven to save lives and is influencing national practice. Previously, the information the county got about suicide was at the state level and three years old. Dr. Kimberly Repp, Supervisor for the RAID program, spent time in the field, shadowing the MDIs on over 200 violent death investigations, a new data collection tool was developed that is filled out by the MDIs within 24 hours of each suicide. This tool allows RAID to track near real-time trends to find the most at-risk community members for suicide.

The RAID team identified a trend where people were surrendering their pet at a shelter shortly before completing suicide. Soon after, the suicide prevention team had provided training to staff at the County’s animal shelter. Within three months of receiving this training, shelter staff had already identified and intervened with seven people surrendering their animals who stated they were going to harm themselves after being asked by staff if they were planning suicide. These individuals were immediately connected to the County’s crisis line.

In October 2018, Dr. Kimberly Repp received an award for her leadership on this work from the National Association of Medical Examiners. Since receiving the award, RAID has received over 100 requests for information and presentations on forming partnerships between Public Health and medical examiners, including offers to fly across the country to share this work in joint Public Health-Medical Examiner meetings that had not previously occurred. Most medical examiner’s offices do not have an epidemiologist or the necessary software to synthesize the information collected in the Suicide Risk Factor Surveillance System. RAID is helping these programs find the right person to speak with about building this innovative collaboration that has demonstrably saved lives.
Objective 2.1:
Develop a culture of continuous quality improvement (CQI) that is fully integrated into all programs and processes.

- The CHIP Access to Care committee is using QI tools to review data from the State regarding the amount of money hospitals spend on unreimbursed care. The committee is analyzing root causes and looking at ways to reduce that spending.
- MCH conducted a QI project that focused on improving its electronic medical records charting process.
- RAID, DCAP and HEPP led a process to develop better systems for response to outbreaks and emerging public health threats.
- The WIC peer counseling program has been standardizing the participant enrollment process and tracking staff accuracy. They have also implemented a clinic improvement project, based on data they gathered using a State-provided checklist, to assess trauma-informed practices in the clinic environment.
- DCAP completed two QI projects: the first reviewed the relationship between engagement of care and outreach for Latino men, and the second helped move the tuberculosis case management program from paper to electronic records.
- The Best and Promising Practices Workgroup oversaw two QI projects — one regarding management tools and best practices using 360-evaluation results, and the other pertaining to professional development using equitable approaches with training opportunities.
- The HEPP team submitted its first accreditation annual report and received no findings or major opportunities for improvement.

Future plans to address this objective:

- HEPP is re-vamping the workgroup that both oversees and receives training on quality improvement and performance management for the division.
- EH and HEPP senior program coordinators will complete a QI project on student placements and inform efforts to build an academic partnership with OHSU/PSU School of Public Health.
- EMS is writing a CQI framework into the ambulance services franchise agreement to address clinical and operational key performance indicators with an improvement plan.
Objective 2.2:
*Ensure staff are aware of and utilize a wide variety of professional development opportunities.*

- Staff and PHLT members participate on both the Management Best Practices and Professional Development QI projects, which aim to improve utilization of professional development funds and increase opportunities for staff.
- PH created standards regarding budgeting and supporting advanced training, including development of a training fund for staff to attend leadership/management courses and national training opportunities.
- The Best and Promising Practices Workgroup incorporated questions into the annual staff survey that related to accessing professional development opportunities, and added an additional question on the staff self-evaluation form encouraging employee wellness.
- The Best and Promising Practices Workgroup continues to implement and evaluate annual staff surveys to inform future work plans and ensures staff are made aware of survey results.
- PH teams, including HEPP, EMS and MCH, have regular training and professional development opportunity updates that are shared during team meetings.
Objective 2.2:

Ensure staff are aware of and utilize a wide variety of professional development opportunities.

Future plans to address this objective:

- Senior program coordinators from the Public Health Division and HHS are developing a Legislative Learning Lab for the 2019 Legislative Session that will provide interested staff a professional development opportunity in policy analysis and the legislative process.
- The Best and Promising Practices Workgroup will create a new workforce development plan.
- The Professional Development QI Workgroup established an oversight committee that will review and approve applications for advanced training and evaluate the new process for improvement.

Tell Me More!

Best and Promising Practices Workgroup

Purpose: Develop, implement and evaluate effective programs and policies that improve individual and population health.

Some 2017-2018 goals/objectives:

- Support a culture of continuous quality improvement that is fully integrated into all programs and processes.
- Ensure staff are aware of Public Health competencies and utilize a wide variety of professional development opportunities.
- Seek and secure adequate, consistent, equitable and flexible funding sources for all programs.
- Consistently use the CHA and CHIP to assess and address new and existing health priorities and threats.
Objective 2.3:
Continue to work toward adequate, consistent, stable, equitable and flexible funding sources for all programs.

- HEPP staff provided technical assistance on grant applications for other divisions, including a grant received by DAVS to address suicide prevention within veteran communities.
- WIC established a referral system with community partners to increase participation in its services and increased its awareness of caseload-based funding amounts by utilizing a monthly caseload-monitoring system.
- DCAP increased its funding with three regional grants that expanded programming and staffing, and it partnered with Clackamas and Multnomah counties in a regional effort to expand grant opportunities within the three counties.

Future plans to address this objective:
In collaboration with Oregon Health Authority and Oregon Coalition of Local Health Officials, Public Health will work with State Legislature to continue increasing funding to modernize Oregon’s public health system and also fund foundational public health services.
Priority Two

Develop, implement and evaluate effective programs and policies that improve individual and population health

Objective 2.4:
*Consistently use the CHIP and CHA to assess and prepare to address new and existing health threats.*

- The Substance Use Prevention Collaborative and CHIP committees use the CHIP and CHA to guide their work.
- All Suicide Prevention Council meetings draw connections to the larger CHIP framework.
- The PH Division worked with the Coalition of Communities of Color to use the *Leading with Race: Research Justice in Washington County* report to inform regional focus groups providing input for the next CHA.

**Future plans to address this objective:**

- MCH will incorporate CHIP and CHA principles and strategies into its strategic plan.
- The regional Healthy Columbia Willamette Collaborative will release a new CHA in the summer of 2019.
- Public Health will continue discussions on the Call to Action within the *Leading with Race: Research*
Improving Training and Professional Development Opportunities

The Public Health Leadership Team responded to the outcomes from both staff assessments and a quality improvement project regarding staff professional development training. The outcomes confirmed a strong desire among staff that professional development for all staff be a priority. To this end, the PHLT identified the following goals regarding training opportunities:

- Improve access
- Increase transparency
- Ensure equity

To support improving access to training opportunities, the PHLT increased the regularly budgeted training funds by allocating additional funding for staff to attend leadership/management programs and national conferences.

To address the goals of increasing transparency and ensuring equity, a peer review board was established to distribute these additional funds via an application and review process. The peer review board is comprised of six Public Health employees representing all staff levels. The board members serve two-year terms and are responsible for reviewing and scoring the applications twice per fiscal year. Decisions for the allocation of funds are based on an established criteria that will be made available to staff.
Priority Three

Strengthen and expand partnerships and collaborative activities to improve health outcomes and support community health improvement priorities

Objective 3.1:
Ensure strategic and effective partnerships across multi-sector groups with a focus on nontraditional partners.

- The Substance Use Prevention Collaborative, staffed by HEPP and CYF, ensured membership of nontraditional and multi-sectoral partners and youth.
- Over 100 multi-sectoral partners participate on our six CHIP committees.
- MCH is working closely with CYF to develop a robust and effective system and network to serve the Washington County prenatal through three community by providing comprehensive referral services and ensuring the “no wrong door” model is in place for vulnerable populations.
- WIC and DCAP integrated community resource trainings into their staff meetings, learning about topics including houselessness, Compact of Free Association rules and how these rules affect health equity in Pacific Islander communities, and federal and state immigration policies.
- The PH Partnerships Workgroup participated in the HHS Partnership Assessment survey, reviewed best practices for business partnerships, developed a related template for programs, and continue to participate in the HHS Partnerships Workgroup.
- DCAP increased partnerships with a variety of organizations and institutions, including Project Homeless Connect, jail services representatives and homeless service organizations, to provide screening and harm reduction services.
- DCAP and the Department of Housing Services worked together on plans to prevent and respond to a potential hepatitis A outbreak among the homeless population.
- Public Health and HHS are providing leadership and engaging with multiple county and city partners on opioid misuse and overdose prevention.
- DCAP is working with Health Share of Oregon to address vaccine hesitancy and engage key stakeholders in reducing vaccine exemptions in the region.

Special Point of Interest

What is “No Wrong Door”?

“No wrong door” is a philosophy about how we offer services. We strive to create and deliver our services and programs in such a way that they are as barrier-free as possible and accessible to people in multiple ways.
Objective 3.1: Ensure strategic and effective partnerships across multi-sector groups with a focus on nontraditional partners.

Future plans to address this objective:

- The Suicide Prevention Council will be working with gun owners on a means reduction campaign.
- PH and CYF are poised to implement home visiting for all new parents if funding is provided through legislative session.
- PH, in conjunction with the Washington County Opioid Workgroup, is working with law enforcement, corrections and treatment partners on increasing access to medication assisted therapy, law enforcement assisted diversion, naloxone distribution, and other interventions for opioid misuse disorder, and with County commissioners on a local drug take-back ordinance.
Priority Three

Strengthen and expand partnerships and collaborative activities to improve health outcomes and support community health improvement priorities

Objective 3.2: Improve community trust by creating authentic and mutually reinforcing partnerships to improve the health of the community.

- RAID, EH and DCAP conducted outreach to long-term care facilities, warming shelters and schools for infection control and outbreak reporting and management.
- HEPP provided the Substance Use Prevention Collaborative with training, education, data, and opportunities for action.
- HEPP staff attended substance use prevention meetings hosted by organizations in Beaverton, Tigard and Tualatin to provide a public health lens and data on tobacco and marijuana.
- A new CHIP mini-grant program focuses on reinvesting in the communities most affected by issues that are being addressed in the Community Health Improvement Plan.
- HEPP provided suicide prevention trainings to many organizations including staff in all seven school districts, all new Washington County cadets through work with the Crisis Intervention Team, and youth in transitional programming through Boys and Girls Club. They also worked with LifeWorks NW and Cedar Hills Hospital on the Zero Suicide Initiative.
- MCH spearheaded collaborative work with Planned Parenthood, Virginia Garcia Memorial Health Center and Neighborhood Health Center to develop the Reproductive Health Coalition of Washington County.
- WIC hosted an open house and resource fair at their new Hillsboro location. Twenty community partners provided resources to WIC families.
- The PH Partnerships Workgroup participates in the HHS Partnership Liaison system, where they discuss cross-department strategies and opportunities to assist with the development and implementation of an annual work plan. They also act as a division resource assisting other department staff seeking partnership information.
Objective 3.2: Improve community trust by creating authentic and mutually reinforcing partnerships to improve the health of the community.

Future plans to address this objective:

- WIC will move and co-locate their Tigard clinic with Community Action to connect agency services for families.
- EMS is working with Commissioners and partners on creating an EMS Alliance.

Tell Me More!

PH Partnerships Workgroup

This workgroup’s purpose was to ensure Washington County Public Health built and maintained strong partnerships with a diverse group of communities and organizations. As of 2019, the work from this group is now being implemented in other ways, and this workgroup is no longer meeting.

Strategic partnerships focus on resource sharing and are usually outcome- or product-focused, moving beyond networking and information sharing. The workgroup’s strategic direction was to create and sustain partnerships linked to strategic priorities.

One way they worked toward achieving their goals was through a liaison program with the HHS Partnerships Workgroup. Liaisons attended HHS Partnerships Workgroup meetings to discuss cross-divisional partnership strategies, assist with development and implementation of annual work plan and act as division resource assisting other department staff seeking partnership information.
Strengthen and expand partnerships and collaborative activities to improve health outcomes and support community health improvement priorities

Objective 3.3:
Create opportunities to support policies, systems and environmental changes through partnership efforts.

- HEPP provided education to cities in Washington County on tobacco prevention, and had conversations with city officials to create policies for tobacco-free environments, including a partnership with a coalition in Tigard that helped Metzger Park become smokefree in May 2018.
- The CHIP has a focus on prevention, collaboration, environmental strategies, and implementing policies and systems.
- HEPP provided training to the Substance Use Prevention Collaborative on evidence-based strategies, including work that produced policy and environmental change.
- MCH collaborated with Virginia Garcia Memorial Health Center, Planned Parenthood and Neighborhood Health Center to develop the Reproductive Health Coalition of Washington County. MCH also worked with CYF to create the prenatal through three network and system.
- WIC continued its ongoing formal agreements with partners including TriMet, Oregon Child Development Coalition, Oregon Health and Science University, and Immigrant and Refugee Community Organization.
- EH and Community Development provided resources and support to community residents who exchanged old wood stoves for more efficient heating sources.

Future plans to address this objective:

- EH senior program coordinators and the HHS Director’s Office will develop an HHS climate resiliency plan.
- HEPP and EH senior program coordinators will engage with Washington County departments on health equity in all policies.
- HEPP will provide leadership to institute Zero Suicide prevention activities as part of HHS policies and procedures.
Improving Community Health

The CHIP has six active committees made up of over 100 multi-sectoral partners that work to address priority areas identified by local data. The CHIP has foundational goals to improve and increase equity and trauma-informed practices. The collaboration and engagement with community partners has enabled WCPH and the CHIP Leadership Team to have a broader reach and increased impact around equity and trauma-informed care across the county.

The CHIP Leadership Team is responsible for supporting CHIP committees to operationalize these values. Currently, strategies helping to support committees include:

- Developing an “operationalizing equity and trauma-informed care” toolkit for community partners that includes resources and worksheets with specific actions and expectations.
- Providing grants to community partners to build organizational capacity in equity and trauma-informed practices.
- Creating an online dashboard both to highlight important data on social determinant issues and to share data collected by local community partners.

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Improving Community Health *(Continued)*

The CHIP Leadership Team has also identified actions they can take to embed equity and TIC in the governance, operations and products of the CHIP. These include developing a culture of learning and feedback, regularly sharing data back to the community, assessing and addressing potential barriers to participation, assessing and ensuring diverse representation on the CHIP committees, adopting TIC meeting guidelines, and using consensus-based decision making.

Currently, CHIP workgroups have committees actively working on multiple strategies, including:

- Improving access to oral health services for uninsured communities through an innovative partnership between a Community Dental Health Coordinator and the Pacific University Dental Hygiene Outreach Van.
- Reducing access to lethal means through partnership and outreach with gun shop owners as a suicide prevention project.
- Developing a Washington County alternative pain-care resource guide as part of regional opioid prevention efforts.
Objective 4.1:
Make our data accessible and understandable to the public.

- RAID delivered specialized presentations to over 20 audiences and community groups on requested topics.
- RAID assessed public health data releases for language level and health literacy.
- HEPP presented data to CHIP workgroups and the Substance Use Prevention Collaborative on a variety of health topics as a standing agenda item so that community partners can get regular data to inform their work.
- RAID and DCAP began development of a Washington County communicable disease report and continued participation in regional data visualization projects.
- HEPP presented pieces of the most recent CHA to many community groups and made it available to its partner network.
- RAID, HEPP and CYF presented on the Suicide Fatality Review Board at the State Suicide Prevention Conference.
- EMS provides monthly and quarterly reports on clinical and operational systems of care to all stakeholders.

Future plans to address this objective:

- RAID will continue to work with MCH to create the first-ever Washington County Maternal Child Health data book.
- PH, CYF and Vision Action Network will create a Culture of Health website to provide the community with important information about health and well-being in Washington County.
- The PH Division will work across the region and with state partners on data visualization projects.
Data is at the heart of public health practice. We use data to understand health issues and health disparities, create new programming, and use our resources wisely. We also share data to help support community members and the work they do. But data can be difficult to understand and use. An emerging field of work in public health is data visualization. How can we better present data in pictorial and graphical format along with stories that help people understand the data they are viewing? Working collaboratively with staff across HHS and Vision Action Network, we are creating a community data dashboard. The goal for this dashboard is to make data easily accessible to those seeking to know more about the health of Washington County. Using the Robert Wood Johnson Culture of Health and Wellbeing framework, the dashboard will share information that is inclusive of all aspects of health, from upstream social determinants and equity to intervention metrics and in between. The dashboard will feature a Washington County landing page, several breakouts to specific health topics, general community information and connections to community partners. Once we have the initial format built, we will be engaging all Public Health programs to share their data through this new website. Look for the Washington County dashboard in April 2019.
Objective 4.2:
Transform our website to meet the needs of Public Health and the public, especially vulnerable communities.

- The Communications Workgroup developed an eight-question survey as an assessment tool to obtain information pertaining to Public Health website content, navigation and translations tools and disseminated the survey to partner networks, clients and the general public.
- The Communications Workgroup met with and received feedback from Washington County ITS pertaining to an Americans with Disabilities Act (ADA) compliant website, specifically for visual and hearing impaired users, and discussed technology available for language translation.
- WIC revamped their website, making it easier to use and easier to find.

Future plans to address this objective:
- HEPP and RAID will analyze community feedback from the website survey and provide recommendations to the PHLT about potential changes.
- Public Health will work with the department’s communications coordinator and ITS to improve the division’s website.

Tell Me More!
Communications Workgroup

The purpose of the Public Health Communications Workgroup was to improve internal and external public health communications. As of 2019, the work from this group is now being implemented in other ways, and this workgroup is no longer meeting.

One avenue used to achieve this purpose was to develop a public health communication standard and work to standardize public health communications. The team set goals such as:

- Develop and provide communication tools for the division.
- Make communications more effective and efficient.
- Create a culture of transparency and openness.
Objective 4.3:
Develop message maps for internal and external audiences (e.g. power outages for EH regulated entities, communicable diseases and school illnesses, severe weather).

- HEPP sent a letter to all middle and high schools in Washington County on the rise of Juul, including infographics, an example letter to send to parents, and resources for how to implement prevention programs.
- EH staff developed a procedure for internal and external communications during wildfire season and as part of continuing work on reducing wood smoke in the community.
- HEPP, in partnership with the Child Fatality Review Board, sent a letter to all Washington County school district superintendents about the connection of school discipline to completed suicides, with recommendations to consider when establishing discipline policy.

Special Point of Interest
What is JUUL?

Juul is a brand of electronic vaping device that uses flavored pods containing nicotine. The concentration of nicotine in each JUUL pod is approximately twice that of many other e-juice nicotine concentrations, raising concerns that JUUL may have a higher risk of addiction than other electronic vaping devices.

Juul is popular among youth. A public health concern is the effect nicotine has on the developing prefrontal cortex in youth, with potential effects on learning, memory, attention, behavioral problems, mental illness and future addiction.
Objective 4.4:
Develop tools to support branding (e.g. templates, processes and style guide).

- Programs retired old logos and implemented new logos on all correspondence.
- The Communications Workgroup facilitated the development of a standardized Public Health PowerPoint template to improve branding efforts and for ease of creating presentations.

Future plans to address this objective:
- HEPP will produce quarterly newsletters to help keep staff updated.
- HEPP, the HHS Director and HHS communications coordinator will develop an annual communication plan for sharing information with the community and key stakeholders.

Conclusion
Guided by the strategic plan, Washington County Public Health has accomplished significant work since 2017. The division has made big strides in our equity work, how we partner with other departments and organizations, prioritizing quality improvement and integrating best practices, and our communication efforts. We also know there is so much more work to do, and we look forward to working with our staff and community partners to make sure we are furthering our mission.

We appreciate those who submitted information to compile this report, Public Health staff for their hard work every day, and the people and communities we serve for their partnership.