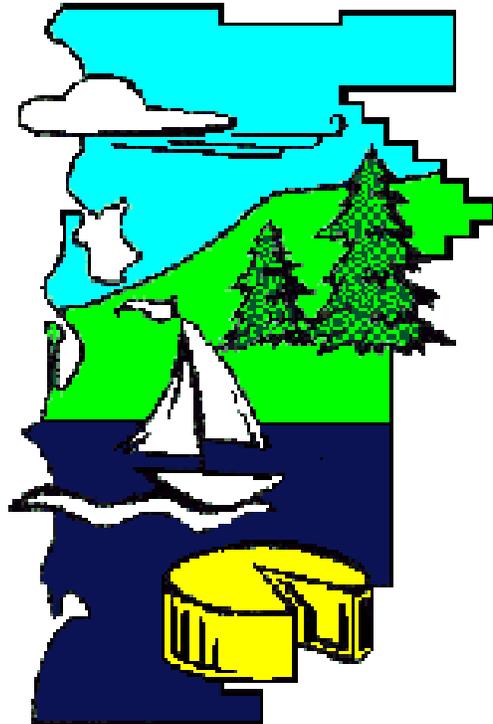


**Tillamook County
Local Public Health Authority
Annual Plan
2011 - 2012**



I. Executive Summary - Required

- **Name:** Tillamook County Health Department
- **Address:** PO Box 489, Tillamook, OR 97141
- **Contact Name:** Marlene L. Putman, JD
- **Contact Phone Numbers: Voice:** 503-842-3922 **Fax:** 509-842-6099
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- **Website:** www.co.tillamook.or.us/health

The **TILLAMOOK COUNTY HEALTH DEPARTMENT'S (TCHD) 2011-12 Annual Plan** presents a discussion of the needs, services and action items necessary for the Health Department to deliver the best possible Public Health services for its communities and population. The plan also serves to demonstrate Tillamook County's compliance with the Public Health services as outlined in Oregon statute (ORS 333-014-055(2)), which mandates that each county provide a minimum level of service to protect the health of individuals and communities through the implementation of five public health core functions.

The presentation includes reference to the Triennial Plan completed in 2010 for the most relevant factors impacting access to care and unmet need; unique characteristics of the target population affecting access to public health services; significant changes in the health care environment; and major events in economic and demographic environment of services area. As there are not significant changes since the last update, there is not an update to analysis of the adequacy of Tillamook's current effort in the provision of public health services, the Five Basic Health Services (ORS-431.416) along with the provision of other services of import to Tillamook County. The programs, services and initiatives that TCHD will be implementing to ensure that required and other identified local needs are addressed are included in this update.

TCHD has in recent years shown a level of financial stability through the efforts of its FQHC primary care implementation team. As Public Health service funding from State and County continues to be reduced there has developed a greater reliance on TCHD's FQHC-based clinical services generated revenues. This has resulted in a strong interdependence between the continuing fragile success of the FQHC and the provision of Public Health services for the communities of Tillamook County. The current national economic crisis and its impact on governmental support for services further complicates the situation along with the resultant direct impact of a surge in the uninsured, newly uninsured and patients unable to pay. The hoped for benefits of the new national health reform package provide some hope for Public Health. Another key resource issue involves adequate competent public health staffing due to an aging public health professional pool. A clear positive for TCHD has been the awarding of \$461,000 in HRSA Stimulus funding for an expansion of its Central Health Center. A prime beneficiary of this project has been Public Health services with the provision of a newly constructed annex.

TCHD has recently received an extension of its HRSA 330 FQHC funding for a period of five years through April 2016. The combination of Public Health Services and FQHC primary care clinical services provides a strong synergy of medical home continuum of care along with the most comprehensive safety-net services possible. Tillamook County has only begun to explore the full potential of such a synergy.

II. Assessment - **Required**

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

Appendix A contains a list of assessment topics that might be of interest.

Appendix B contains links to data sources.

► **Response:** A review of the current plan that is posted with OHA does not require an update as there are no substantial changes.

II. Assessment - **Optional**

Include the following in this section:

1. A description of the public health issues and needs in your community. Describe the relevant demographic and public health indicators for your community.

When possible, this assessment of the community should utilize existing data sources, describe relevant trends in the data, and include both qualitative and quantitative components.

Appendix A contains a list of assessment topics that might be of interest.

Appendix B contains links to data sources.

2. A description of the adequacy of the local public health services.

3. A description of the extent to which the local health department assures the five basic services contained in statute (ORS 431.416) and rule.

- a. Epidemiology and control of preventable diseases and disorders;
- b. Parent and child health services, including family planning clinics as described in ORS 435.205;

- c. Collection and reporting of health statistics;
- d. Health information and referral services; and
- e. Environmental health services.

Note that Rule, i.e. OAR Chapter 333, Division 14, has more detailed definitions.

Review the definitions and Page 6 of the Minimum Standards for Local Health Departments before responding.

4. A description of the adequacy of other services of import to your community. This might include some of the services listed in OAR 333-014-0050 (3): Dental, Health Education and Health Promotion, Laboratory Services, Medical Examiner, Nutrition, Older Adult Health, Primary Health Care, and Shellfish Sanitation.

► **Response:** Additional assessment information for this section is not included as a triennial review was completed in 2010 and information is still current.

III. Action Plan

Sections A- G

A. Epidemiology and control of preventable diseases and disorders

Required

1. Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** A review of the current plan that is posted with OHA does not require an update as there are no substantial changes.

2. Review your records of your timeliness of attention to communicable diseases, i.e. investigation, reporting, follow up, etc. If improvement is needed, use this section to describe your improvement plan. If no improvement is needed based on your analysis of your data, then indicate no change is needed.

► **Response:** Reporting is completed in the ORPHEUS database in a timely manner, as well as treatment and follow up, if necessary, is completed on a timely basis. Also, conditions that require detailed investigation such as hepatitis, to determine if it is an acute or chronic case is I handled in a timely manner and reported properly. In the case of chlamydia and GC, contact with partners, tx and follow up is occurring as required. All of these aspects are managed as required and the information is submitted to ORPHEUS. No improvement is needed at this time based on the analysis of our data so no change to this section is needed.

A. Epidemiology and control of preventable diseases and disorders

Optional

► **Response:** No information provided

B. Parent and child health services, including family planning clinics as described in ORS 435.205

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** A review of the current plan that is posted with OHA does not require an update as there are no substantial changes.

1. WIC: Agencies are **required** to submit Nutrition Education plans and reports. Complete the forms in Appendix E. Check first with your WIC coordinator. That person has probably already received and is working on the plan.

► **Response:** The required Nutrition Education plans and reports are completed on the forms provided in Appendix E and included on **page 8** below.

2. Immunization Instructions – See Appendix F, pages 58-60.

► **Response:** The Annual Progress report for 2010 required for this Annual Plan per Appendix F is completed and included on **page 14** below.

B. Parent and child health services, including family planning clinics as described in ORS 435.205

Optional

► **Response:** No information provided

**FY 2011-2012 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2011 through 6/30/2012**

Agency: Tillamook County Health Department

Training Supervisor(s) and Credentials: Dawna Roesener

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	November 2011	Health Outcomes Staff in-service	To work under the PCE modal to better serve our participants with Nutrition Education that produce better health outcomes.
2	February 2012	Staff in-service on the design of nutrition education. To help participants in goals that best meet their health need.	To better serve participants with goal selection to meet the specific needs of their families.
3	When state class is held - TBD	Breastfeeding basics course.	Maternal child health nurse and promatora will attend to better support breastfeeding
4	April 2012	Staff in-service on Breastfeed support. Held by BF coordinator and Maternal child health nurse.	To help all staff to feel more comfortable with the topic of breastfeeding and talking to participants about concerns.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2010-2011

WIC Agency: Tillamook County Health Department

Person Completing Form: Dawna Roesener

Date: 04/18/2011 Phone: 503-842-3913

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

Please use the following evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

Goal 1: Oregon WIC staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the online Participant Centered Education Module by July 31, 2010.

Evaluation criteria: Please address the following questions in your response.

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response:

The Module was completed and entered into TWIST by the training supervisor.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31,2010.

Evaluation criteria: Please address the following questions in your response.

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: Yes All passed the post test.

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

Evaluation criteria: Please address the following question in your response.

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response:

Nancy Ludwig, Nutritionist, attended GPCE training in the Spring of 2011. We intend on offering group classed utilizing what she learned by March of 2012.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31, 2010.

Evaluation criteria: Please address the following questions in your response:

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: We have had a bit of a setback with local providers and being able to access our participants in the hospital. We have continued to see participants at

home directly out of the hospital however. We are in th planning stages on trying to coordinate again with other primary care providers as well as OBGYN to make sure adequate breastfeeding support is being done.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to strengthen partnerships with these organizations by offering opportunities for nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional group Participant Centered Education training fall 2010.

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced? No neither attended and since have limited partnership.
- What went well and what would you do differently?

Response: We will continue to try and open up communication with case management meetings on common participants. This seems to be working slowly.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module.

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
Local OBGYN
- How do you feel partnerships with those agencies were enhanced?
Please see above response
- What went well and what would you do differently? Please see above response.

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by June 30, 2011.

Evaluation Criteria: Please address the following questions in your response.

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response:

We are currently in the process of completing the Nutrition Modal. When it is complete by all staff it will be entered into TWIST.

Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2010-2011. Complete and return attachment A by May 1, 2011.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Staff in-services on PCE given in house and by the state.	Helped staff to feel more comfortable in setting personal goals with participants	Continued practice is helping staff feel confident with this concept.
Oregon WIC Listens discussion	Gave staff confidence in listening not always instructing.	Continued practice is helping staff feel confident with this concept

APPENDIX A

**Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012**

<p>Due Date: May 1 Every year</p>
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Year 1: July 2010-December 2010					
Objectives	Immunization Comprehensive Triennial Plan Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase rate of single dose Hepatitis A vaccine by 10% over next 3 years to children 0-18	<p>Use AFIX assessment data as baseline Provide staffing in-service to review and implement objective.</p> <p>Fully screen /forecast for each client 0-18 for Hepatitis A vaccine.</p> <p>Provide Hepatitis A education at Babies 1st and CaCoon home visits.</p>	<p>Due 5/11</p>	<p>All</p> <p>Baseline set. Review with clinic/clerical staff on progress quarterly. Screening and forecasting at every visit by all staff.</p> <p>Babies 1st and CaCoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	<p>Awaiting AFIX data</p>	<p>Awaiting AFIX data available to us before June 1, 2011</p> <p>Meetings with both front office staff and nursing staff to review immunization screening procedures completed</p> <p>Hepatitis A vaccine education is being provided at home visits for Babies First and Cacoon. Vaccines being provided at parent request.</p>

B.					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
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**Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012**

Due Date: May 1 Every year

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase rate of single dose Hepatitis A vaccine by 10% over next 3 years to children 0-18	<p>Use AFIX assessment data as baseline Provide staffing in-service to review and implement objective.</p> <p>Fully screen /forecast for each client 0-18 for Hepatitis A vaccine</p> <p>Provide Hepatitis A education at Babies 1st and CaCoon home visits.</p>	Due 5/11	All Staff	<p>Baseline set.</p> <p>Review with clinic/clerical staff on progress quarterly. Screening and forecasting at every visit by all staff.</p> <p>Babies 1st and CaCoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

B.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
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**Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012**

Due Date: May 1 Every year

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase rate of single dose Hepatitis A vaccine by 10% over next 3 years to children 0-18	<p>Use AFIX assessment data as baseline Provide staffing in-service to review and implement objective.</p> <p>Fully screen /forecast for each client 0-18 for Hepatitis A vaccine</p> <p>Provide Hepatitis A education at Babies 1st and CaCoon home visits.</p>	Due 5/11	All Staff	<p>Baseline set.</p> <p>Review with clinic/clerical staff on progress quarterly. Screening and forecasting at every visit by all staff.</p> <p>Babies 1st and CaCoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

B.					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
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Year 1: July 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promoting adolescent and adult Tdap vaccine	<p>Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed</p> <p>Provide immunization information regarding adolescents need for Tdap to parent and providers</p> <p>Provide Tdap information to adults, new parents, providers, hospital for parents/grandparents following deliveries, WIC</p>	Due 5/11	Staff ALL	<p>Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults.</p> <p>Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed.</p> <p>Contact other providers in county about importance of Tdap administration for adolescent clients, at preconception</p>	<p style="text-align: center;">Awaiting AFIX data to determine increase/decrease of Tdap vaccines given to 10-18 YO</p> <p style="text-align: center;">Awaiting AFIX data to determine increase/decrease of Tdap vaccines given to 10-18 YO</p>	<p style="text-align: center;">Awaiting AFIX data to determine increase/decrease of Tdap vaccines given to 10-18 YO</p> <p style="text-align: center;">Continuing to provide education and screening of Tdap immunization across age continuum in all programs and primary care</p>

	<p>clients, teen parent program, at home visits, flu clinics.</p> <p>Assure every shot is entered in IRS/ALERT from clinics and other sites within 14 days of administration</p>		<p>visits, new parents, grandparents, hospital OB department.</p> <p>Provide information about Tdap at home visits, at WIC appointments.</p> <p>Have Tdap vaccine available at all influenza clinics.</p>		
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Local Health Department:
 Plan B – Community Outreach and Education
 Calendar Years 2010-2012

Due Date: May 1 Every year

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promoting adolescent and adult Tdap vaccine	<p>Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed</p> <p>Provide immunization information regarding adolescents need for Tdap to parent and providers</p> <p>Provide Tdap information to adults, new parents, providers, hospital for parents/grandparents following deliveries, WIC</p>	Due 5/11	Staff ALL	<p>Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults.</p> <p>Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed.</p> <p>Contact other providers in county about importance of Tdap administration for adolescent clients, at preconception</p>	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

	<p>clients, teen parent program, at home visits, flu clinics.</p> <p>Assure every shot is entered in IRS/ALERT from clinics and other sites within 14 days of administration</p>			<p>visits, new parents, grandparents, hospital OB department.</p> <p>Provide information about Tdap at home visits, at WIC appointments.</p> <p>Have Tdap vaccine available at all influenza clinics.</p>		
B.					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promoting adolescent and adult Tdap vaccine	Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed Provide immunization information regarding adolescents need for Tdap to parent and providers Provide Tdap information to adults, new parents, providers, hospital for parents/grandparents following deliveries, WIC	Due 5/11	Staff ALL	Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults. Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed. Contact other providers in county about importance of Tdap administration for adolescent clients, at preconception	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

	<p>clients, teen parent program, at home visits, flu clinics.</p> <p>Assure every shot is entered in IRS/ALERT from clinics and other sites within 14 days of administration.</p>			<p>visits, new parents, grandparents, hospital OB department.</p> <p>Provide information about Tdap at home visits, at WIC appointments.</p> <p>Have Tdap vaccine available at all influenza clinics.</p>		
B.					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

C. Environmental health

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** A review of the current plan that is posted with OHA does not require an update as there are no substantial changes.

C. Environmental health

Optional

► **Response:** No information provided.

D. Health statistics

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** A review of the current plan that is posted with OHA does not require an update as there are no substantial changes.

D. Health statistics

Optional

► **Response:** No information provided

E. Information and referral

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** A review of the current plan that is posted with OHA does not require an update as there are no substantial changes.

E. Information and referral

Optional

► **Response:** No information provided

F. Public Health Emergency Preparedness

Required

Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** A review of the current plan that is posted with OHA requires some changes based on recent activity.

Emergency preparedness plan evaluations occurs twice yearly, last one performed February 2011 and are in compliance with all PE 12 requirements.

MULTIYEAR TRAINING AND EXERCISE SCHEDULE

2010– 2012 Exercise / Training Plan

Since most local agencies are funded via a yearly budget process this document can and most likely will change in relationship to budgets, staffing and agency priorities.

EPW = Exercise Planning Workshop (see guide)

S = Seminar (Orientation) **W** = Workshop **TTX** = Tabletop

D = Drills **FE** = Functional **FSE** = Full-scale

Event	Type	Capability	Proposed Date	Sponsor/Location
Fiscal Year 2010				
MCI Drill	FSE	Communication, Surge	4/26/10	Hospital, EM, EMS, Fire, LEA, PH; MVA in Garibaldi
Hospital Evacuation	FSE	Communication, Surge	TBD	Hospital, EMS, EM, Fire, PH, LEA in Tillamook.
Staff call down exercises	D	Communication	Quarterly	TCHD
Food Safety in event of disaster	TTX	Communication	Sept. 2010	TCHD, Community Mealsites and Food Service
Seasonal influenza immunization clinics	FE	Mass Prophy	Oct-Nov 2010	TCHD
Fiscal Year 2011				
MCI Drill	FSE	Communication, Surge	4/10/11	Nestucca Fire/EMS Hospital
Food Safety in event of disaster	TTX	Communication, Surge	4/13/11	TCHD, EMS, Fire, Public Works, Red Cross, City of Rockaway Beach, Emergency Prep, Rockaway community partners
MCI Drill	FSE	Communication, Surge	5/18/11	Hospital, EM, EMS, Fire, LEA, PH; in Tillamook, shooter scenario at THS
Hospital Evacuation	FSE	Communication, Surge	June 2011	Hospital, EMS, EM, Fire, PH, LEA in Tillamook.
Seasonal influenza immunization clinics	FE	Mass Prophy	Oct-Nov 2011	TCHD
Staff call down exercises			Quarterly	TCHD
Use of HAN by HD staff			On-going	TCHD

Event	Type	Capability	Proposed Date	Sponsor/Location
Fiscal Year 2012				
To be planned in conjunction with Tillamook Incident Command team			TBD	TCGH, EM, EMS, Fire, LEA, PH –County wide
Staff call down exercises			Quarterly	TCHD
Use of HAN by HD staff			On-going	TCHD

F. Public Health Emergency Preparedness

Optional

► **Response:** No information provided

G. Other Issues

Required

1. Review your current plan that is posted with OHA at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

If there are substantial changes, provide an update.

► **Response:** The remodel and adjacent expansion of the Health Department’s Central Health Center in Tillamook is nearing completion with targeted date of May 15, 2011. The new construction will provide a Public Health and Environmental Health annex for the provision of those services including WIC, public health nursing, communicable disease outbreak investigation, restaurant licensing, food handlers’ education and certification, etc. The Federal ARRA project award is for \$461,000. The existing building remodel was not possible as bids received exceeded the funding available from ARRA. The children-friendly pediatrics suite in jungle motif was completed with other sources or funding. Discussions are underway with the building owner to address the other remodel of the existing building to include space for providers and two additional exam rooms. Additional parking has been included by the landlord with a cost that is still be determined.

G. Other Issues

Optional

► **Response:** No information provided

IV. Additional Requirements

Required

1. Agencies are required to include an organizational chart of the local health department with the annual plan.

► **Response:** An organizational chart is attached as **APPENDIX A**.

2. Use this section to briefly describe the Board of Health (BOH). For example: are there formal meetings of a Board of Health that are described as such for public notice? Does the Health Administrator report to the BOH? How often does the BOH meet?

► **Response:** The three Commissioners that make up the Tillamook Board of County Commissioners serve in the role of County Board of Health. They provide direct oversight of the full spectrum of management activities of the TCHD. All budgeting, contracting and human resource processes are managed within the County's structure, policies and procedures.

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

► **Response:** The Tillamook County Community Health Council (TCCHC) has been established, in conjunction with the Tillamook Board of County Commissioners (BOCC), as the governing body of the FQHC medical clinical services operated by TCHD. The BOCC, which appoints the members of the TCCHC, has delegated it to serve in a Public Health advisory role to the BOCC. The Health Council is made up of up to fifteen (15) members. Currently the Council has eleven (11) active members with a 67% consumer majority among the eleven. The Health Department's Board of Commissioners' liaison routinely attends the Health Council monthly meetings. The general membership term of the Health Council is three years, with staggered terms to assure continuity. The

current members reflect well the composition of the community in terms of gender, age and ethnicity.

Health Council bylaws provide in pertinent part... The Tillamook County Community Health Council (Council) is ESTABLISHED by the Board of Commissioners (BOC) of Tillamook County to carry out certain governance activities, separately or in conjunction with the Board of Commissioners, as expected of Tillamook County as a Section 330 public agency Community Health Center grantee. The Council may also serve as an advisory board for several programs delivered by the Tillamook County Health Department; and to provide the Department with community input regarding programs delivered throughout the county.

4. Senate Bill 555: If the LPHA is not the governing body that oversees the local commission on children and families, include in the LPHAP a brief section that describes the coordination of this plan with the local comprehensive plan for children aged 0-18. If the LPHA is the governing body for the local commission, we assume that governance achieves the needed coordination.

► **Response:** Tillamook County Commission in Children and Families has been set up within the County structure as a stand alone entity, not within the Health Department. Marlene L. Putman serves as the Executive Director. She also serves as the Health Department Administrator at this time having been appointed in March 2011. There is a close functional relationship between the two entities with interaction in the areas of use of our medical clinical and dental services as well with the special needs children services provided by the Health Department's public health nursing team. There are currently additional collaborations with partnerships in a Coordinated Home Visiting Grant, Nutrition Education Grant and a Tobacco Control Healthy Communities – Phase I Grant Program. The County is looking to merge the two roles in a Health and Human services Department dependent upon legislative appropriations in 2011-13.

V. Unmet needs

Required

Use this section to describe the unmet needs regarding public health in your community. It is important that we understand what gaps will remain after these strategies are implemented. We will use this information to understand what initiatives we, as a system, should be pursuing.

► **Response:** A list and description of unmet needs is described below.

V. Unmet needs

A. Medical Care: The area suffers from an inadequate number of primary care providers who will serve the target population of low income persons. The service area has a primary care HPSA and an MUA. Few private medical providers will accept Medicaid or uninsured persons. Lower salaries and long work hours make provider recruitment a significant challenge.

B. Oral Health Care: Drinking water systems in the Tillamook region are not fluoridated. The service area has an inadequate number of dentists to serve the area, and a dental HPSA specifically for low income persons (10/14/2008). Few dentists accept Medicaid, but none arrange services on a sliding fee basis other than TCHD.

C. Behavioral Health Care: The entire County has a HPSA for mental health (2/14/06) with a score of 15. Medicaid only reimburses for mental health care through state-certified organizations, and not through primary care clinics. Tillamook Family Counseling Center (TFCC) is the only organization in the service area that is providing mental health and/or substance abuse treatment services that will accept Medicaid-enrolled and uninsured persons on a sliding fee basis. TCHD screens patients and arranges care through this organization. Persons with serious and chronic mental health and substance abuse needs must access care through TFCC. Necessary hospitalizations are sent to local hospitals for short term care and referred to Portland or Salem as needed for longer term inpatient care.

D. Childhood Obesity: Approximately 100,000 of 378,000 Oregon children ages 10-17 years (26.5%) are considered overweight or obese according to BMI-for-age standards. More than two in five (41.6%) Oregon children in families below the poverty line are obese or overweight. Oregon children are more likely than their counterparts nationwide to be physically active for at least 4 days per week, and less likely to spend 2 hours or more in front of a television or computer screen. According to the 2006 Pediatric Nutrition Surveillance System (PedNSS), which assesses weight status of children from low-income families participating in WIC, 31.8% of low-income children ages 2 to 5 years in Oregon are overweight or obese. This critical issue for the future health of Tillamook's population needs far greater attention and action.

E. Human Resource Needs: Prior to the current and near-future financially austere and insecure environment there was already significant and dramatic unmet need. Public Health services are limited to 1.7 FTE for Environmental Services and

4.0 FTE for the balance of Public Health. The 4.0 represents four Public Health Nurses providing nursing services for the three County school districts; home visitation for special needs children; immunizations; limited family planning teen clinics; dental varnish; and referrals to other appropriate services. .5 FTE of the 4.0 is dedicated to Emergency Preparedness. There are no other resources for preventive education and health promotion interventions in a highly needy geographic and economic environment.

The general healthcare situation of the region is also grim. There is a single OB/GYN specialist and a .2 FTE pediatrician in the County. The Tillamook County General Hospital is under significant financial duress and has had to convert to the hospitalist model.

Resource options for the uninsured and underinsured are becoming more and more limited with TCHD fast becoming the final resource in the safety net. In that role the TCHD has contributed over \$700,500 in un-reimbursed services to the most needy of Tillamook County in a 12 month period. This situation is further complicated by loss of State programs such HIV/AIDS Block grant; BCCP; STARS; Komen; Pandemic Flu (part of Bioterrorism Grant) along with significant reductions in the Bioterrorism Grant itself.

Staffing issues loom on the horizon for TCHD with an aging work force. Two of TCHD's four public health nurses have recently retired. A part-time public health nurse has been located to partially cover some of the lost hours. Other Health Center nurses and support staff are within 3-5 years of retirement. Recovery from these upcoming losses is feasible with competitive industry based salary scales and benefit packages for which there are no current or projected resources.

With an increasing influx of uninsured and underinsured, minorities and fixed-income seniors into Tillamook County there is need of service programs – healthcare, prevention education and general health promotion. Health educators, public health nurses and strong health education curriculums in the schools with trained teachers to teach that curriculum are urgently needed.

F. Updated Assessment of Need: An extended time had passed since a comprehensive community needs assessment had been done. A formal request was placed with Oregon Health & Sciences University – Office of Rural Health (OHSU-ORH) and Oregon Primary Care Association for assistance to undergo a complete and comprehensive County-wide assessment of health need. This

assessment has been undertaken in collaboration with TCHD, Tillamook County General Hospital and the other health care providers of the County.

The Health Council and senior TCHD staff initiated, in conjunction with the completion of the aforementioned needs assessment, a comprehensive strategic planning process which culminated at a February 12, 2009 all-day session. Group individualized opinion surveys were provided to all TCHD staff; Health Council members; County leadership – commissioners, senior staff and department heads; and community leaders – mayors and city managers, all medical facilities and providers, pertinent local DHS officials, etc. Those surveys were compiled and utilized in the composition of the comprehensive Tillamook 2009 – 2014 Strategic Plan. The resultant Strategic Plan is being incorporated into all aspects of TCHD Public Health and FQHC’s operations relative to unmet need, services, marketing, critical facilities upgrade, etc. More information is available in the *Tillamook 2009-2014 Strategic Plan and on County TCHD/Website*. The next strategic plan session is scheduled for June 2011 to include staff, Council and community.

G. Health Education and Health Promotion:

TCHD has very limited resources for clinical and preventive health education and promotion. In the clinical setting education must be provided by the nursing and provider team with no support by a clinical nutritionist and/or health educator. This limits provider productivity as well as the effectiveness of the educational component. Likewise there are no resources such as health educators available to provide prevention programs to the population in general of Tillamook such as at the senior and community centers, food banks, community fairs and the school systems. This situation does not bode well for increasing the wellbeing state of the general population and the reduction in the high costs of chronic illness.

H. Health Department Accreditation:

TCHD is facing accreditation for two of its basic components – public health and primary care services. Both involve substantial resource commitments in time and funding. At this time TCHD fulfills the staffing qualifications for public health accreditation with the exception of the Administrator but with an aging public health team may in the near future find this a challenge. Additionally, although the Health Officer currently meets the requires, the recently hired Medical Director who is also intended to become the Health Officer does not have a public health background. There are many additional requirements for both of these accreditations that are pending and unknown but in any case resource issues will play a role in complicating these processes.

VI. Budget

Required

For purposes of this plan use your most recent Financial Assistance Contract to project funding from the state.

In early July of each year we will send you Projected Revenue sheets to be filled out for each program area.

Budget Availability: Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.

Agencies are **NOT** required to submit a budget as part of the annual plan; they are **required** to submit the above mentioned Projected Revenue information and the budget location information.

► **Response:** The most recent Financial Assistance Contract was used to project funding from the state and is attached to this Plan as **Attachment D**.

Budget Availability/Contact Information to obtain a copy of the LPHA public health budget:

1. **Contact Name:** Blain West
2. **Telephone:** 503-842-3920
3. **Email Address:** bwest@co.tillamook.or.us

Projected Revenue Information: Is provided below at **page 35**.

EXHIBIT 1
FINANCIAL ASSISTANCE AWARD

State of Oregon		Page 1 of 3	
Department of Human Services			
Public Health Services			
1) Grantee Name: Tillamook County Health Office Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489		2) Issue Date March 16, 2011	This Action AMENDMENT FY2011
		3) Award Period From July 1, 2010 Through June 30, 2011	
4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	33,095	0	33,095 (j)
PE 04 Public Health Response to H1N1 Influenza Vaccine	16,784	0	16,784 (m)
PE 07 HIV Prevention Services HIV Prevention Block Grant Services Ryan White Title II HIV / AIDS Services	9,560	0	9,560
PE 08 Ryan White--Case Management	10,142	0	10,142
PE 08 Ryan White--Support Services	3,277	0	3,277
PE 12 Pub. Health Emergency Preparedness/(July-Aug. 9)	9,368	0	9,368 (d)
PE 12 Pub. Health Emergency Preparedness/(Aug 10-June30)	71,897	0	71,897
PE 13 Tobacco Prevention & Education	56,627	0	56,627
PE 14 Healthy Communities -- Phase 1	32,500	0	32,500 (i)
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	121,239	1,050	122,289 abhko
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	51,197	0	51,197 (c,l,n)
5) FOOTNOTES:			
a) July-Sept. grant is \$32,662 and includes \$6,532 of minimum Nutritional Education and \$1,292 for Breastfeeding Promotion.			
b) October through June grant is \$89,628 and includes \$17,926 of minimum Nutritional Education and \$3,875 for Breastfeeding Promotion.			
c) \$34,392 is Title X Base Grant ; \$14,414 is Title V.			
d) July 1 - August 9th awards must be spent by 8/9/10 and a report submitted for that period.			
e) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).			
f) \$600 is Immunization 2011 Conference Award to all counties.			
g) \$10,045 is total immunization Basic Special Payment Award. Funding must be tracked and reported separately			
h) \$1,568 represents P. C. E. one-time funding.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon
Department of Human Services
Public Health Services

1) Grantee Name: Tillamook County Health Office Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	2) Issue Date March 16, 2011	This Action AMENDMENT FY2011
3) Award Period From July 1, 2010 Through June 30, 2011		

4) DHS Public Health Funds Approved	Previous Award	Increase/ (Decrease)	Grant Award
Program			
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	4,238	0	4,238 (e)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	6,347	0	6,347 (e)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	14,808	0	14,808 (e)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	2,258	0	2,258 (e)
PE 42 Babies First FAMILY HEALTH SERVICES	7,149	0	7,149 (e)
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	10,645	0	10,645 (f,g)

5) FOOTNOTES:

i) Payment for Healthy Communities Phase 1 is for start-up of program services and will be paid in a lump-sum at the end of the month of August, 2010.

j) \$3,700 of total award must be used to reduce barriers to accreditation. The Health Department should use the results of their 2009 assessment. Report is due by October 25, 2010. Funds must be spent or obligated by September 30, 2010. These funds must be reported separately.

k) \$1,568 represents year-end one-time funding.

l) \$1,393 is Fiscal Year 2011 Directed Supplement -- High Cost Contraceptives.

m) \$16,784 is provided to assist Local Health Departments to take immediate corrective actions as identified in their H1N1 After Action Reports and / or H1N1 Improvement plan pending additional direction in a future program element revision. These funds must be tracked and reported separately.

n) \$458 is for Fiscal Year 2011 Directed Supplement -- Chlamydia.

6) Capital Outlay Requested in This Action:
 Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon
 Department of Human Services
 Public Health Services

1) Grantee Name: Tillamook County Health Office Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	2) Issue Date March 16, 2011	This Action AMENDMENT FY2011
3) Award Period From July 1, 2010 Through June 30, 2011		

4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
TOTAL	461,131	1,050	462,181

5) FOOTNOTES:
 a) \$1,050 represents travel expense reimbursement to local agencies for NWA registration fees to be held in Portland.

6) Capital Outlay Requested in This Action:
 Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

VII. Minimum Standards

Required

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

I. Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

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

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

Nutrition

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

Older Adult Health

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

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

Parent and Child Health

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

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

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

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

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

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

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

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

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

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

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

Primary Health Care

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

Cultural Competency

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

II. Health Department Personnel Qualifications

Required

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Marlene L. Putman, JD

- Does the Administrator have a Bachelor degree? Yes No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes No
- Has the Administrator taken a graduate level course in biostatistics? Yes No
- Has the Administrator taken a graduate level course in epidemiology? Yes No
- Has the Administrator taken a graduate level course in environmental health? Yes No
- Has the Administrator taken a graduate level course in health services administration? Yes No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

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

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

- **Response:** A plan to meet the minimum qualifications is attached and marked as APPENDIX B.

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

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

AND

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

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

c. Yes X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

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

d. Yes X No ___ The local health department Health Officer meets minimum qualifications:

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

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

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

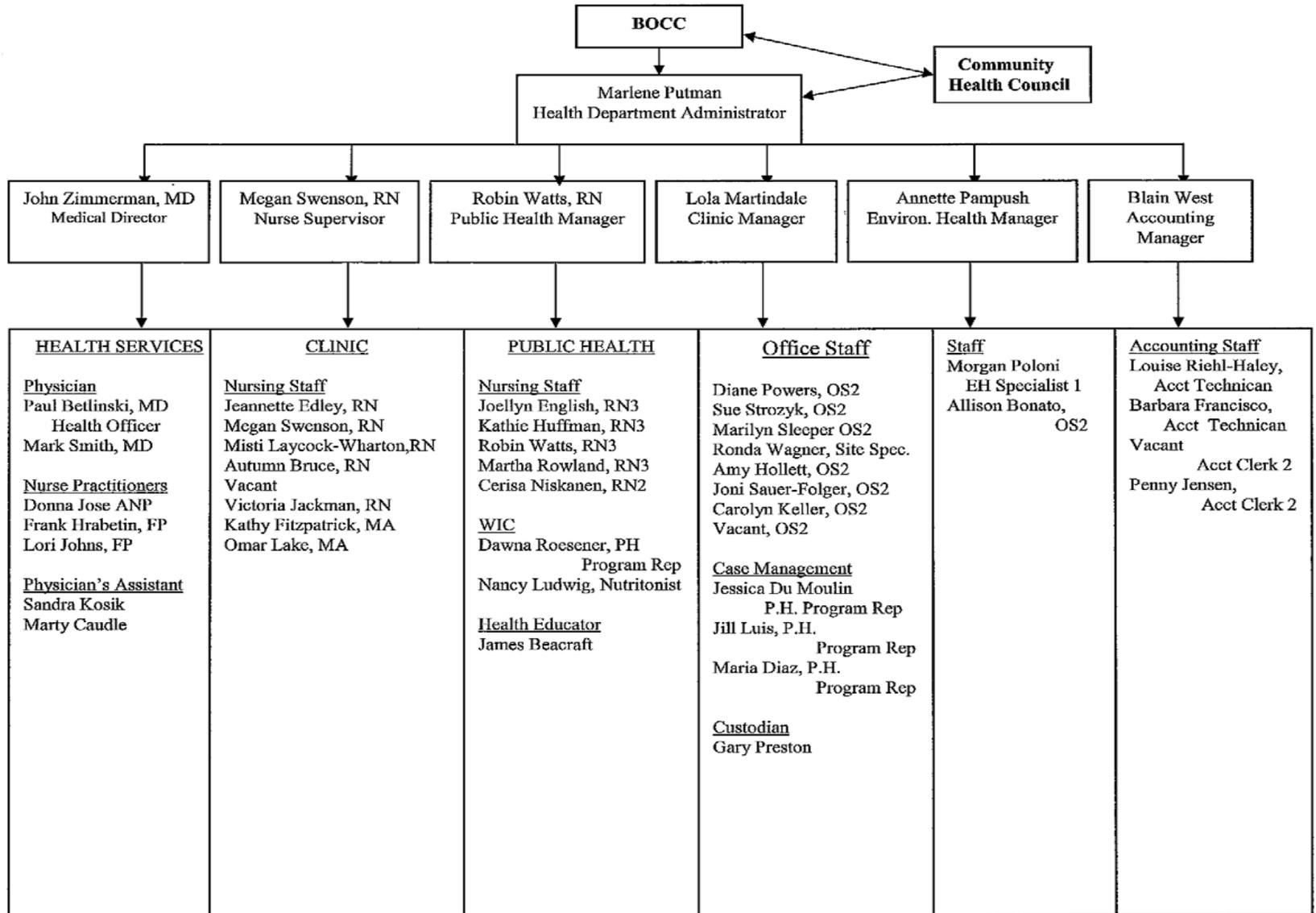
The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Marlene L. Putman, JD
Local Public Health Authority

Tillamook
County

04-28-11
Date

APPENDIX A – Organization Chart



APPENDIX B

Plan to meet the minimum qualifications for Local Health Department Administrator

1. Health Services Administration. Participate and complete the Certificate Program for Community Health Leadership offered through the University of Washington beginning May 2011. A description of the course follows on page 60.
2. Participate and complete the Communicable Disease training provided through Oregon Epidemiology Conference in May 2011 and other trainings offered through the state.
3. Participate in and complete training in Emergency Preparedness courses in 2011-12.
4. During 2012-13, or sooner as time and resources allow, participation in a graduate level course in social and behavior sciences relevant to public health problems.
5. During 2013-14, or sooner as time and resources allow, participate in a graduate level course in biostatistics.
6. During 2014-15, or sooner as time and resources allow, participate in a graduate level course in epidemiology.
7. During 2015-16, or sooner as time and resources allow, participate in a graduate level course in environmental health.
8. Maintain up to date skill in mediation and conflict resolution.
9. Maintain licensure with the Oregon State Bar through continued legal education course with a specific emphasis on Health Care related training issues.
10. Participate in training offered through the Oregon Primary Care Association and other state and national associations as appropriate.

Certificate Program in Community Health Leadership

Almost all of the work that Community Health Leadership (CHL) certificate students will do in their careers will take place within complex organizational systems. Therefore, each student's degree of career success will be directly related to their success in managing complex health care organizations and in managing relationships with employees and physician affiliates within those organizations. Conceptual and organizational skills will often be the most important set of skills in determining the success or failure for health service managers. This certificate is a foundation for developing an integrated and systemic leadership perspective and for developing a clear sense of the management and leadership issues associated with delivery of health care services within a community health center context. Experiential learning methods and real-world problem solving are emphasized throughout.

As each CHL student completes the program, they will be continually challenged to develop and apply an integrated tool set, enabling them to adapt to changing contexts, and to:

- **Lead** complex enterprises, including clinical service delivery organizations and community health centers,
- **Apply** knowledge in new and challenging situations while leading organizational change, and
- **Innovate** by adapting and integrating concepts and theories learned in the CHL program with operating experience gained throughout their career

Three courses make up the Certificate Program in Community Health Leadership:

Managing Community Health Center Organizations and Systems:

This course will provide students with a broad management perspective by integrating conceptual, strategic, and systemic frameworks. This perspective asserts that management of all health care organizations can be understood as the continuous and dynamic integration of four knowledge themes: a) the management role, including transformational leadership perspectives and core process management skills; b) organizational / management theory; c) management economics (microeconomic theory presented within a strategic management context), and d) the theory and practice of systemic organizational change within overall strategic management and systemic contexts.

Executive Leadership within Community Health Center Organizations and Systems:

Organizations are dynamic entities that are always changing. Leaders and managers must manage this change by understanding the anatomy, physiology, and psychology of these “life-like” entities in order to influence their culture and productivity. This course will look at the systems view of the organization and illustrate ways to influence its environment, people, teams, and culture. Students will apply these principles to a change management process in their current health care setting.

Case-based Application of Management and Leadership Concepts and Principles within Community Health Center Organizations and Systems:

This course is designed to encourage students to review, integrate, and apply (in a community, competitive market, and policy context) key management and policy concepts and theories developed throughout the CHL certificate program. The primary objective is to assist students in the transition from theory to practice and from learner to user of management knowledge and skills. This course will emphasize the integration and application of management theory in the real-world context of Community Health Centers.

The full program involves 90 contact hours, which take place through three weekend intensives and through distance learning. For 2011, the weekend intensives are scheduled for:

May 19-21 July 28-30 October 20-22