

**TILLAMOOK COUNTY HEALTH DEPARTMENT**  
**COMPREHENSIVE LOCAL PUBLIC HEALTH**  
**AUTHORITY PLAN**

**2013 - 2014**

**Tillamook County**



*Land of Cheese, Trees and Ocean Breeze*

## **I. EXECUTIVE SUMMARY**

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The **TILLAMOOK COUNTY HEALTH DEPARTMENT'S (TCHD) 2013-2014 Comprehensive 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 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. It then moves on to an 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 adequately addressed are outlined.

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 and renovation of its Central Health Center. A prime beneficiary of this project has been Public Health services with the provision of a newly constructed annex. Another positive for both the FQHC and public health is the award of two additional grants from HRSA to address Quality Assurance and to implement the Patient Centered Medical Home model totaling \$35,000 in 2011-12 and \$55,000 for 2012-13. These resources improve processes regarding access to care and care coordination and improved monitoring of health indicators/metrics for the entire Department. This work culminated in the application for a receipt of Tier 3 Recognition under Oregon's Patient Centered Primary Care

home model. This will result in increased payment for eligible Medicaid clients on a per member per month basis.

TCHD continues to receive an extension of its HRSA 330 FQHC funding for a period of five years through April 2015. 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 is further exploring this synergy through on-site integrated behavioral health services, more in depth screening and referral (depression, tobacco use, and alcohol and other drug use), coordinated intake through partner agencies and coordinated home visiting with partner agencies in order to increase access and improve efficiency.

## **II. ASSESSMENT**

### **A. DESCRIPTION OF PUBLIC HEALTH ISSUES AND NEEDS IN TILLAMOOK COUNTY**

#### **INTRODUCTION:**

Tillamook County Health Department (TCHD) serves a rural area of 1,125 sq. miles and population of 25,845 people in Tillamook County, Oregon. The Health Department has been providing public health services since 1974. The area lacks an adequate number of health care providers and services, especially for the 9,460 underserved target population, including an increasing Latino/Hispanic population. Major barriers to care are: poverty, lack of insurance, geographic isolation, lack of transportation, cultural and linguistic differences, and lack of awareness about services. Major health needs are: inadequate number of health care providers to serve the target population, late prenatal care, inadequate Pap screening, lack of immunizations, diabetes, and cardiovascular disease, and lack of mental health care and oral health care access. The entire service area has primary care, mental health, and dental Health Professional Shortage Areas (HPSA), and a Medically Underserved Area (MUA) designation.

Many low-income residents (14%) live in the service area, including a rapidly growing number of Hispanics, listed at 7% of the county population but more likely in excess of 15%. Of patients accessing TCHD 18% are Hispanic. There is also a significant and increasing elderly population (20%) living in the service area. Many elderly are low-income. The area economy depends primarily on dairy farming, fishing, timber and tourism.

A key note message is that social, behavioral and environmental determinants of long-term health outcomes need to be addressed through policy, education to address the cultural environment in which life choices are made for health and wellness. To meet the needs of the 21<sup>st</sup> century on the Oregon Coast for a health and wellness-driven health care system, a *continuum of prevention* in conjunction with the provision to the involved populations of a *continuum of basic curative/preventive care* is required.

## 1. MOST RELEVANT FACTORS IMPACTING ACCESS TO CARE AND UNMET NEED:

- **The following three barriers limit the ability of the target population to access public health and primary health care services:**

### a. Population to Primary Care Physician FTE Ratio

Tillamook County has a 3,633:1 ratio for the target population of low income people to primary care physician FTE.<sup>1</sup> The inadequate number of primary care providers (3.1 FTE) to serve the target population results in delayed care and often more serious conditions that require more expensive types of care. The cities of Tillamook, Cloverdale and Nehalem all have low income Health Professional Shortage Areas (score of 12), and all Tillamook County is a Medically Underserved Area. In response to the difficulty of recruiting physicians, last year the local hospital raised provider salaries that now exceed physician salaries in the Portland metro area 70 miles east. As a result, several specialty and primary care provider positions have been filled in the past six months, but the increase in salaries by non-safety net organizations has made it more difficult for TCHD to recruit primary care providers. In addition, most private providers in the area continue to limit the number of Medicaid and uninsured persons in their practices.

### b. Percent of Population at or below 200 Percent of Poverty

About 37% of the Tillamook County general population has incomes below 200% federal poverty level (FPL). The entire target population has incomes below 200% of the FPL. People in poverty are less likely to seek preventive and timely curative health care services, especially oral health and behavioral health services. As a result, low income people are more likely to suffer from health conditions such as cancer, diabetes, and heart diseases. For example, the percent of the service area population with heart disease (3.8%) exceeds the percent of people in Oregon with heart disease (3.6%).<sup>2</sup>

### c. Percent of Uninsured Target Population

The latest Tillamook County 2005-2007 Behavioral Risk Factor Survey (BRFSS) findings showed that 23.2% of adults had no health insurance as compared to 17.2% in the state overall.<sup>3</sup> When all children are included, 15% of Tillamook County residents are not insured. An estimated 40% of the area's low income target population is not insured. Inadequate or no insurance is a major barrier to access health care and to afford necessary medications. About 43% of TCHD's patient population in 2008 was without health insurance.

- **Health Indicators**<sup>4</sup>

### a. Diabetes - Age Adjusted Diabetes Prevalence in Tillamook County is 6.3%

In addition to the diabetes prevalence rate, the age-adjusted diabetes death rate for Tillamook County 2000-2004 was 30 as compared to Oregon State's rate of 28. Obesity contributes to a

<sup>1</sup> Oregon Dept of Health, Health Systems Planning, per email Nancy Abrams, Planning Analyst, 8-25-09

<sup>2</sup> Tillamook County and Oregon BRFSS 2004-2007 age-adjusted

<sup>3</sup> Oregon DOH <http://www.dhs.state.or.us/dhs/ph/chs/brfs/county/0407/hcaanyinsaa.shtml>

<sup>4</sup> OR BRFSS, 2004-2007, age adjusted

higher risk for diabetes. The obesity prevalence (BRFSS 2004-2007) is 24% for the county, which is above the national Healthy People (HP 2010) target of no more than 15 % of adults to be obese. Many of the TCHD target population who have diabetes also face multiple barriers to care, such as poverty, lack of health insurance, lack of awareness of the importance of diet and exercise, and inadequate transportation. TCHD will address diabetes in the FQHC Health Care Plan.

**b. Cardiovascular Disease -Proportion of Tillamook County adults reporting diagnosis of high blood pressure is 28.4%**

Cardiovascular disease results in significant disability and mortality in the area population. High blood pressure can result in cardiovascular disease, stroke, and/or other disabling conditions. The Tillamook County proportion exceeds the HP 2010 12-9 goal to reduce the proportion of adults with high blood pressure to 16%. The HP 2010 baseline for Hispanics/Latinos nationally having hypertension is 29%. Multiple barriers such as lack of funds to purchase medications or seek care negatively impact the health of the target population. TCHD will focus on patients with high blood pressure in the FQHC Health Care Plan.

**c. Cancer - Cancer Screening – Percent of women 18 and older with No Pap test in past 3 years is 14%**

The HP 2010 goal for not receiving a Pap test is below 10%. The national baseline is 13%. Although the cervical cancer rate in Oregon is 2.0 as compared to 2.4 in the US<sup>5</sup>, Hispanic women in Oregon have a higher incidence of cervical cancer than non-Hispanic women. The target population is less likely to seek prevention services, and to recognize the importance of the Pap test to detect and prevent cancer. The due to state cuts this next year. TCHD will address the need for the Pap test in the FQHC Health Care Plan and through the Breast and Cervical Cancer Screening Program.

**d. Prenatal and Perinatal Health: Late prenatal care in Tillamook County is 24.6%.<sup>6</sup>**

The Tillamook County percent exceeds the Oregon percent at 21.9%. This service area indicator of 24.6% does not meet the HP 2010 goal 16-6, which is less than 10% have late prenatal care. The national baseline is 17 %. Prenatal care is a fragile system in Tillamook County and is dependent on good collaboration of private and public providers. Although TCHD does not provide prenatal and perinatal care directly, TCHD is proactive to make the referral system work by identifying pregnant women and helping them to access prenatal care in the community. Special problems exist for the Hispanic population who are likely low income and not insured, but who also have language barriers to access local prenatal providers. The TCHD staff helps Hispanic women to get connected to prenatal and perinatal providers.

In addition, cigarette use during pregnancy (percent of all pregnancies) is 18%.<sup>7</sup> Smoking is a risk factor for pregnancy complications. The TCHD Tobacco Control and Cessation Program focuses on smoking prevention and cessation among pregnant women.

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<sup>5</sup> <http://www.statehealthfacts.org/profileind.jsp?cat=10&sub=112&rgn=39>

<sup>6</sup> OR DOH Center for Health Statistics, 2007

<sup>7</sup> OR DOH Center for Health Statistics, 2007

**e. Child Health Other:** Percent of children ages 0 to 24 months in Tillamook County not receiving recommended immunizations 4-3-1-3-3-1 (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B, 1 Varicella) is 19.6%<sup>8</sup>

The addition of the chicken pox vaccine changes the national recommendations now to 4-3-1-3-3-1. The HP 2010 goal 14-2 is to decrease the proportion of children ages 19–35 months not covered by the 4:3:1:3:3:1 vaccination series to 10%. Oregon rates for 2007 are an estimated 25.9% not immunized for the 4:3:1:3:3:1 series rate for children ages zero to 24 months. Low immunization rates result in increased risks to children and adults for preventable diseases and complications from those conditions. The target population experiences multiple barriers to immunizations, including tracking issues, poverty, and lack of awareness of the need for immunizations and where to obtain them. TCHD will focus on immunizations in the FQHC Health Care Plan.

**f. Behavioral Health:** Suicide Rate for Tillamook County is 22.4 per 100,000<sup>9</sup>

The suicide death rate is 22.4 for the service area, as compared to 15 for Oregon State and 11 for the US.<sup>10</sup> The high suicide rate is likely related to factors such as an inadequate number of mental health and substance abuse providers, lack of adequate treatment for underlying mental conditions, cultural and personal beliefs that prevent the seeking of mental health care, and the perceived stigma attached to receiving mental health care. The target population is at higher risk for suicide than the general population because it includes people with chronic and serious mental illnesses who cannot get appropriate care due to poverty and other barriers. TCHD Health Care Plan includes screening patients with diabetes for depression and helping them to obtain care at Tillamook Family Counseling Center as indicated. TCHD added a full-time behavioral health consultant to the staff effective January 2013. The Behaviorist is a Licensed Clinical Social Worker and will work with all clinical and public health staff to address patients with positive screening for depression, alcohol and/or substance abuse, and smoking during pregnancy.

**g. Oral Health:** About 31.7% of Oregon adults did not receive any dental care within the past 12 months.<sup>11</sup> Healthy People 2010 goal is less than 20% not receiving dental care. In addition, HP 2010 Goal 21-10 is to increase the proportion of children and adults who use the oral health care system each year to 56%. TCHD contracts with one dentist to provide oral health care services.

- **Two Other Key Health Indicators**

**a. Percent Elderly (65 and older):** 20% of the community and 19% of the target population are elderly (age 65 and older) as compared to 13% in the state.<sup>12</sup> Elderly persons are at risk for chronic diseases, and greater morbidity and disability when access to health care is not

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<sup>8</sup> <http://www.oregon.gov/DHS/ph/imm/docs/Rates0407table.pdf>

<sup>9</sup> Oregon Dept of Human Services, 2008

<sup>10</sup> Age-adjusted, Oregon DOH, Mortality Tables, 2000-2004

<sup>11</sup> <http://www.dhs.state.or.us/dhs/ph/chs/brfs/06/orahea.pdf>

<sup>12</sup> US census, 2005-07

affordable or accessible. Chronic diseases, such as cardiovascular diseases, diabetes, and cancer are among the leading causes of disability in the service area. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. The target population elderly are also more likely to face issues such as complications from taking multiple medications, inadequate transportation, and need for social services. TCHD offers primary care for elderly persons and case management for elderly who have complex medical conditions.

**b. Percent of the service area population that is linguistically isolated:** (percent of people 5 years and over who speak a language other than English at home) is 6.3%<sup>13</sup>. However, an estimated 15% of the target population is linguistically isolated. Most of these people speak Spanish at home. People with limited English proficiency often face language barriers that impact access to health care and the quality of the care received. Local private medical providers are reluctant to serve this population due to the costs of interpreters. TCHD assures health care provided in the appropriate languages.

## **2. UNIQUE CHARACTERISTICS OF THE TARGET POPULATION AFFECTING ACCESS TO PUBLIC HEALTH SERVICES**

- **Inadequate affordable housing**

A lack of affordable housing in the area is a barrier to low income people to seek health care when needed, because their limited resources must be spent on housing. The Northwest Oregon Housing Authority Director reported in August 2009 that no public housing facilities exist in Tillamook County. The Housing Authority, Section 8 housing and other voucher programs offer about 160 housing units in the service area. About 282 people are currently on a wait list for housing, and the wait to get into housing could take an average of two years. Only 64% of Tillamook County residents can get affordable housing compared with 71% statewide.<sup>14</sup>

- **Cultural/ethnic factors including language, attitudes, knowledge, and/or beliefs**

About 6.3% of the County and target population speak a language other than English at home.<sup>15</sup> The service area has seen an increase in immigrants from Mexico and other Central American countries over the past ten years, and people of Hispanic ethnicity represent the largest proportion of the minority groups. About 30% of the students in the Tillamook School Districts are Hispanic. Differing cultural and linguistic backgrounds can be a major barrier to health care. Concerns about immigration status, poverty and language differences prevents people from seeking health services when they need it.

- **Homelessness**

People experiencing homelessness are at higher risk for illness and a shortened life span. Additionally, children experiencing homelessness are at-risk for poor health outcomes in

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<sup>13</sup> US Census, 2000

<sup>14</sup> Oregon Progress Board Snapshot, Tillamook County 2007

<sup>15</sup> US Census 2000, Tillamook County

their teen and adult years. In the last three years, Tillamook County partners including the Health Department, has embarked upon an extensive 24 count of our homeless population. Another count is scheduled for January 30, 2013. The 2011 and 2012 counts revealed that over 300 people are homeless in Tillamook County with 25% of these people families with young children.

- **Geographical/transportation barriers**

Tillamook County is made up of mountainous areas, narrow roads, and large rivers that often overflow. Harsh climate including heavy rains and wind often cause landslides, washouts and flooding. Snow often closes the Coastal Range Mountain roads that connect the County to the central and eastern sections of the state. For example, starting December 11-14, 2008, and again on December 18 -19, and January 6-10, 2009, there were severe storms including 70-mph winds, high surf, freezing temperatures, snow to the ocean level and heavy coastal flooding. The final storm surge had the greatest flooding impact as new rain was combined with a heavy snow melt and runoff.

The Tillamook County Transportation District offers a bus service that runs regular routes and a dial-a ride service, along the main highways from North to South Tillamook County, and to the city of Portland about 1.75 hours' drive east. Buses run between towns from 4 to 6 times a day, and hourly from 7AM to 6 PM in the City of Tillamook. Many people, however, live in the back roads that are not served by public transportation. Although the fares are relatively low, many people cannot afford to use this service. Local fares are one dollar for each of three zones. The one-way cost is generally one dollar or less. Dial-a-ride is also available for seniors and the disabled for one dollar. For those without the means to pay the fare, vouchers or tokens are available at TCHD.

- **Unemployment and educational factors**

Tillamook County mostly offers low wage jobs in the main industries of dairy agriculture, tourism, timber and fishing. The seasonally adjusted unemployment rate in Tillamook County at peak employment season as of July 2009 reached 10.1% as compared to Oregon at 11.7% and the US at 9.7%.<sup>16</sup> This represents hundreds of lost jobs and vulnerable families in Tillamook County. In November, 2011, the unemployment rates were November 2011 – US 8.5%; OR 9.0%; Tillamook County 8.5%

High unemployment often results in loss of employment-based health insurance and adequate income to pay for health care. People then often choose to avoid health care services, even when it is necessary to prevent further illness. With the severe wintertime storming they must decide between feeding and heating their families, so when illness comes and they present at the TCHD, they have no resources to pay even the nominal co-pays.

Low education and low literacy negatively impact a person's ability to access health care and to comply with their personal health care plan. Only 86.6 % of the area residents have achieved a

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<sup>16</sup> <http://www.qualityinfo.org/pubs/pressrel/0809.pdf>

high school diploma as compared to 89% in the state. Low education is also related to lower income and poverty that is a barrier to accessing health care.

- **Unique health care needs of the target population.**

The service area population experiences many risks and negative health conditions<sup>17</sup>:

	<u>Tillamook County</u>	<u>Oregon State</u>	<u>US</u>
<b>Health Conditions: *BRFSS 2004-2007</b>			
Coronary Heart Disease rate*	3.8	3.6	-
Infant mortality rate per 1,000 births (2006)	7	5.5	6.7
Percent of adults diagnosed with obesity (2007)*	24.1	24.1	
Percent of All Adult Ever Told Had Asthma *	7.8	9.9	
Unintentional Injury Death Rate (age adjusted rate 2000-2004)	53	37.1	
Age-Adjusted Death Rate ( 2003-2005 age-adjusted)	869.8	826.6	
<b>Risk Factors:</b>			
Percent of Students In Tillamook School District who qualify for free and reduced lunch program 2007	50	42	-
Percent 11 <sup>th</sup> graders with an emotional condition such as depression or anxiety (2006)	8.7	n/a	
Percent of Children (0-17) Who had Both a Medical and Dental Preventive Care Visit in the Past 12 Months, 2007	-	62	72
Percent of Children (2-17) with Emotional, Developmental, or Behavioral Problems that Received Mental Health Care, 2007	-	46	60
Percent Adults who had fecal occult blood test past year *	44.6	47	
Percent adults who smoke*	20.2	18.7	-
Percent of Adults who have their own personal doctor*	76.4	77.4	-
Percent of adult males who heavily drank past 30 days*	11	7.7	
Percent of adults over 25 with high school degree or GED (census, 2005-2007)	86.6	87.5	84.5
Median household income (census, 2005-2007)	37,744	47,385	50,007

**Mental Health and Substance Abuse:**

Assessment and treatment are a significant need in Tillamook County. The use of alcohol and drugs by 8th graders remains a significant issue. Tillamook County ranks negatively (31 of 36 Oregon counties) in terms of the 3 year average of 33% of 8th graders who use alcohol. Tillamook County also ranks 28 of 36 counties for 8th graders using illicit drugs (3 year average of 20% of 8th graders).<sup>18</sup>

<sup>17</sup> Tillamook County BRFSS 2004-2007; Kaiser Health Facts Oregon, 2007, OR DOH Vital Statistics

<sup>18</sup> Oregon Progress Board, for Tillamook County, Nov 2008 <http://benchmarks.oregon.gov/BMCountyData.aspx>

### **Oral Health:**

Over half of Oregon's children (57.3%) have experienced tooth decay. The Healthy People 2010 goal is to reduce decay for below 42% of children. One-in-four Oregon children in grades 1-3 (23.9%) showed untreated decay (the Healthy People 2010 goal is for not more than 21% of children to show untreated tooth decay). Only one-in-three children in grades 1-3 (32.3%) have sealants on their teeth (sealants are an inexpensive and effective way to reduce the potential for tooth decay). The Healthy People 2010 goal is for at least 50% of children to have sealants.<sup>19</sup> Nationally over 50% of the population lives in communities with fluoridated water systems. In Oregon, only about 22% of the population receives the benefits of fluoridated water. No public water systems in Tillamook are fluoridated. The Healthy People 2010 benchmark is for 75% of the population to have access to fluoridated water.

An inadequate number of dental providers for the target population, the cost of care and lack of awareness about oral health contribute to the lack of oral health care in the area. Private dentists in the service area are reluctant to serve uninsured clients. TCHD contracts with a dental provider in central county to accept uninsured people who have urgent dental needs.

### **3. SIGNIFICANT CHANGES IN THE HEALTH CARE ENVIRONMENT**

#### **Changes in state or federal funding for public health/health care**

The Oregon Health Plan (OHP) is the Medicaid program in the state. Most OHP patients are in managed care programs. Tillamook County converted to managed care beginning January 2010 entering into agreements with CARE Oregon and IHN.

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In 2011, the Oregon Legislature passed two bills to implement Coordinated Care Organizations and Oregon Health Exchange Corporation. This is in response to President Obama's Affordable Care Act, which was found constitutional by the US Supreme Court.

**Senate Bill 1580** allows the Oregon Health Authority to continue the process of transforming the delivery of health care to persons on the Oregon Health Plan. The organizations that currently provide only medical care will be replaced by **Coordinated Care Organizations (CCOs)** that will deliver medical, dental, behavioral (addiction treatment), and mental health care. The evidence is that the various health problems are often interrelated. It doesn't make sense, from either the patient's perspective or the taxpayer's perspective, for the (somewhat arbitrarily defined) kinds of care to be in their separate silos. The CCOs will also focus on managing ongoing conditions, such as congestive health failure and diabetes, in order to reduce emergency room use and hospitalizations. These organizations will serve as a model to be used for a broader population down the road.

**House Bill 4164** authorizes the Oregon Health Insurance Exchange Corporation to implement its

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<sup>19</sup> <http://www.oregon.gov/DHS/ph/oralhealth/docs/databook.pdf> 2004

business plan. The **Exchange** will be a marketplace where individuals and small businesses will be able to compare policies on an apples-to-apples basis and see clearly what the coverages, premiums, co-pays and other costs will be. The Exchange will also be the mechanism for providing premium assistance to qualifying low-income individuals and tax credits to qualifying small businesses under the federal Affordable Care Act.

The federal government has signed off on Oregon's health transformation initiative, Oregon 1115 Medicaid, approving a waiver that grants the state more flexibility to improve its Medicaid services program.

Oregon's 1115 Medicaid demonstration affirms federal financial investments over the next five years, which will be used to increase access to better coordinated, more patient-centered care and support a more efficient delivery system. In return, Oregon has committed to reducing the state's growth in Medicaid spending, resulting in significant savings to the federal government through improved health care, not through reductions in eligibility or benefits covered.

Under the agreement, Coordinated Care Organizations responsible for providing care to Oregon Health Plan members will have more flexibility to pay for services that improve health and lower costs, but that are not traditionally covered by Medicaid. Examples include preventive services to reduce unnecessary hospitalizations and acute care, more primary care, and greater emphasis on local community health workers who can help Oregon Health Plan members manage chronic illnesses.

To support a larger workforce necessary for this model of care, the federal agreement includes funding for a loan repayment program for primary care physicians who commit to working in rural or underserved communities in Oregon and training for 300 community health workers by 2015.

Agreement terms also call for Coordinated Care Organizations and the state to meet high standards for care and quality. Measures of success include patient experience of care, hospital readmission rates, care received after hospitalizations due to mental illness, health disparities among races and ethnicities, and rates of obesity and tobacco use. Eight Coordinated Care Organizations have been approved by the Oregon Health Authority to begin serving patients in August, with more scheduled to begin operations later this year.

#### **4. MAJOR EVENTS IN ECONOMIC OR DEMOGRAPHIC ENVIRONMENT OF SERVICES AREA**

The Tillamook County economy depends primarily on dairy farming (about 110 farms), fishing, tourism, and timber. Tillamook County is the home of Tillamook Creamery dairy products. All industries have been negatively impacted by the downturn in the economy. The Tillamook County government is challenged to meet the needs of the population with decreased tax revenues and more losses projected in the near future. This limits the County government's ability to support the public health and primary care programs.

Located on the Pacific Coast, Tillamook County is prone to extreme storms and flooding, especially in winter. This past year three storms caused significant flooding in the service area, disrupting transportation and employment, and resulted in costly damage to businesses and homes.

TCHD is the largest community health center in the service area that serves the target population regardless of ability to pay. Rinehart Clinic is a new start FQHC community health center that serves a small section in the north part of the county. The Rinehart Clinic is located about 12 minutes by bus from TCHD North County Rockaway Beach Clinic.

## **B. ADEQUACY OF LOCAL PUBLIC HEALTH SERVICES**

The Tillamook County Health Department (TCHD) provides quality services given the resources available. Funding for public health services is not adequate to provide a full comprehensive range of services, so based on need focus is provided to assure that the five basic services as mandated by ORS 431.416 are adequately covered. These functions are also not adequately funded by State or County government necessitating the use of significant amounts of medical primary care revenues (in excess of \$120,000 in past FY) additionally Tillamook County contributed over \$400,000 in general fund contributions in 2010-11. TCHD is also contracted to provide school nursing services for the three public school districts of Tillamook County.

## **C. PROVISION OF FIVE BASIC SERVICES – (ORS-431.416)**

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. “These activities shall include but not be limited to Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; Health information and referral services; and Environmental health services.”

### **SUMMARY of FIVE BASIC SERVICES as provided by TCHD:**

#### **1. Epidemiology and control of preventable diseases and disorders**

- a. **Communicable Disease** – nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and environmental health specialists work as a team to respond to food borne outbreaks.
- b. **Sexually Transmitted Infection** – low cost services provided in all three Health Department sites. CD nurse does investigation of identified contacts for treatment.
- c. **Immunizations** provided in all three health department clinic sites as well as at WIC visits and home visits. Focus on disease prevention through Advisory Committee on Immunization Practices (ACIP) recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Provide community based clinics for flu, pneumonia, Tetanus-diphtheria-pertussis and other vaccines required for school attendance. Take lead in

community planning and exercising point of dispensing clinics for pandemic influenza and other communicable diseases.

- d. **Tuberculosis Program** – provides treatment and case management to persons with tuberculosis. Targeted screening of high risk populations.
- e. **Human Immunodeficiency Virus services** – Counseling and testing offered in all three health department clinic sites. Media outreach to encourage high-risk persons to be tested.
- f. **Chronic disease prevention** – Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke.
- g. **Drug, alcohol, gambling prevention** – referrals made through Tillamook Family Counseling Center.

## 2. Parent and child health services

- a. **CaCoon** – nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.
- b. **Babies First!** – nurse case management in home setting to infants and children (0-3 years) at risk for developmental delays due to qualifying medical or social risk factors.
- c. **Maternity Case Management** – nurse case management in home setting by referral in order to facilitate a healthy birth outcome.
- d. **Women-Infants-Children (WIC)** – nutrition program for children 0-5 and pregnant and postpartum women. Health screening, education and food vouchers. Free and low-cost breast pump rental program.
- e. **Women's Health Care** – provide family planning and women's health services and information.
- f. **Teen Pregnancy** – Provide family planning services to all teens in our three health department clinic sites, pregnancy testing, emergency contraception, pregnancy options. Special afternoon hours reserved for teens to ensure access to care.
- g. **Dental** – Contract with two local dental offices to provide care by referrals for dental care.
- h. **Behavioral Health Support** – screening for depression during pregnancy and post-partum through clinic, WIC and home visiting program to refer to community resources or Health Department parenting class.
- i. **Mothers & Babies Parenting Classes** – trained staff provide instruction for women at-risk for post-partum depression.

## 3. Health Statistics

- a. **Birth** – electronic birth registry, provide birth certificates for first month of life, paternity
- b. **Death** – electronic death registry
- c. **State immunization database** – submit data for all immunizations provided in Tillamook County Health Department clinics. Enter data from WIC client immunization records.
- d. **Communicable disease data** – submit data for reportable diseases via ORPHEUS.

## 4. Health information and referral services

- a. Clients are provided with program-specific materials. Written resource information about our health and human services is available and includes eligibility, enrollment procedures, scope and hours of service in both English and Spanish.
- b. All front office staff and case managers have information on community health resources to assist callers.
- c. **Maintain comprehensive website** that includes e-mail capability.
- d. **24/7 phone response** – Main health department line contacts on-call provider.
- e. **Resources are available the community through a wide range of venues** including but not limited to: schools and community members through participation in school nursing program, health fairs, community presentations, and individual meetings.
- f. **TCHD informs the public through local newspapers and media** throughout the County regarding health services and programs. These media also serve to educate and inform the community regarding health alerts and adverse health conditions.
- g. **Health referral and information are available daily during business hours** by TCHD staff and are available in Spanish. Telephone numbers and facility addresses are publicized in several local media as well as our county web page.

## **5. Environmental health services**

- a. **Licensed facilities** – Environmental health specialists inspect and license food service facilities, traveler’s accommodations, pools/spas and organizational camps. Food service facilities include restaurants, mobile food units and temporary food booths as well as school lunch programs. In addition, EH conducts plan review for new or remodeled facilities.
- b. **Food handler training** – Food handler classes are provided via classroom, by video and online training and must be renewed every three years. Manager training is good for five years and is available in-person only.
- c. **Drinking Water** – TCHD is responsible for enforcing the laws pertaining to the Safe Drinking Water Act. Tillamook County has 86 public water systems.
- d. **Child Care Facilities** – Environmental Health contracts and inspects licensed day care centers annually.
- e. **Other Services** – Environmental Health investigates bites from rabies-susceptible animals in addition to all illness that may be food borne. Technical assistance is provided for West Nile Virus as well as rodent complaints.

## **D. ADEQUACY OF OTHER SERVICES IMPORTANT TO TILLAMOOK COUNTY**

### **1. Primary Care for the Uninsured/Safety-Net Medical Services:**

The public health consequences that derive from lack of primary medical care are well documented. Tillamook County has had an FQHC since 1994 operating at three sites. In spite of these “safety net” medical services, significant gaps still exist between needs and services. Demands upon the area hospital emergency room for primary care access are challenging and unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary

care in a timely manner. While local initiatives and efforts can help address the proximate issues, more comprehensive state and federal action will be necessary to address the root causes.

TCHD's primary role in the community is to assure adequate health care services for all. To meet that goal, TCHD is the only organization in the county that conducts health care planning, and works to garner resources to meet gaps and needs. TCHD has developed a broad cooperative network of direct and indirect service delivery providers to focus on the underserved. The many TCHD partnerships will help to assure a seamless continuum of care and access to specialty care.

## **2. Oral Health Prevention and Care for the Uninsured**

An inadequate number of dental providers for the target population, the cost of care and lack of awareness about oral health contribute to the lack of oral health care in the area. Private dentists in the service area are reluctant to serve uninsured clients.

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. TCHD offers the only dental care in the service area regardless of ability to pay.

TCHD contracts with a dentist in central county (in the City of Tillamook) to provide comprehensive dental care for our patients. Patients must travel to Tillamook for the services from the outlying areas of the county. Rinehart Clinic (Federally Qualified Health Center) has contracted with a Dentist to provide services to their patient in the Northern part of the county. The TCHD contract provider offers a full spectrum of care: dental hygiene services and examinations, x-rays, and fillings, and urgent dental care, restorative services, root canals, extractions, limited bridgework and emergency services. Dental staff also connects patients to specialized dental providers, such as oral surgeons, orthodontists, and endodontists who are willing to see patients regardless of ability to pay.

## **3. School Nursing Program for County School Districts**

**The TCHD School Nurse Program** operates in three school districts. The program elements include:

- Health screening and connection to necessary medical and dental services
- Consultation to school staff for students with complex medical needs
- Education for school staff including medication administration, epinephrine and glucagon certification programs
- Immunizations
- Communicable disease surveillance and control
- Health promotion and education
- Case management for students with complex health conditions

TCHD also collaborates with school districts to offer annual multi-modular screening programs, to conduct on-site screenings, testing, examinations, immunizations, and fluoride applications.

Staff refers school children to the local contracted dentists and provides follow-up as needed to link them to needed services.

#### **4. Enabling and Outreach Services**

TCHD directly offers a range of enabling services. The Health Department maintains a current list of resources and refers as needed for medical care, mental and oral health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services. Especially among older patients, prevention-oriented services exist for self-health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

**5. Case Management:** TCHD has three case managers to help link people with resources in the community and obtain health insurance. All are bilingual Spanish – English and one is a bicultural Latino. TCHD arranges transportation services for patients as needed or indicated through provider/staff referrals. Medicaid-enrolled patients can access local taxi service with assistance from other social service agencies or obtain bus and gas vouchers from the same.. The public bus service stops at or near all TCHD sites.

#### **6. Nutrition:**

Clients obtain nutrition education and services through WIC. Other clients identified at nutritional risk are provided with or referred for appropriate interventions. Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

#### **7. Health Education and Health Promotion:**

Culturally and linguistically appropriate materials and methods are integrated within programs. The Health Department provides leadership in developing community partnerships to provide health education and health promotion resources for the community. For example, TCHD participates in the annual County health fair to inform people about TCHD services.

#### **8. Medical Examiner**

The role of the Tillamook County Medical Examiner is adequately provided by the TCHD physician who concurrently holds positions of TCHD Health Officer. The Health Officer works closely with the Medical Director. Although the current health office is semi-retired, this will not impact the Medical Examiner role as he plans to continue this role for the foreseeable future.

### **III. ACTION PLAN**

#### **A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS**

##### **1. Communicable Disease Investigation and Control**

###### **a. Current condition or problem:**

TCHD assures control of reportable communicable disease which includes providing

epidemiological investigations which report, monitor, and control communicable disease and other health hazards; provides diagnostic and consultative communicable disease services; assures early detection, education, and prevention activities which reduce the morbidity and mortality of reportable communicable disease; assures the availability of immunizations for human and animal target populations; and collects and analyzes communicable disease information and other health hazard data for program planning and management to assure the health of the public.

**b. Goal:**

- To prevent, detect, control and eradicate communicable disease by immunization, environmental measures, education or direct intervention.

**c. Activities:**

**1. Encourage and provide means for reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological intervention.**

- Maintain a mechanism for reporting communicable disease cases to the local health department. Provide 24/7 reporting by providing answering service system who contacts appropriate on-call provider.
- Continue TCHD's interaction with medical providers to maintain timely reporting of reportable communicable disease and conditions.
- Conduct investigations of all reportable conditions and communicable disease cases, ensure control measures are carried out, ensure disease case reporting data to ORPHEUS in the manner and time frame specified for the particular disease in the Oregon Disease Investigation Guidelines.
- Ensure comments regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
- Assure access to prevention, diagnosis, and treatment services for reportable communicable diseases are assured when relevant to protecting the health of the public.
- Maintain mechanism for reporting and following up on zoonotic diseases to TCHD.

**d. Evaluation:**

- Detection and control measures during outbreaks. TCHD will work with community partners surrounding outbreaks in order to control. Environmental health does investigation for enteric diseases; communicable disease nurse does other communicable disease conditions.
- Three (3) outbreaks in the past four years (norovirus). One (1) reported case of pertussis.
- Fifty-two (52) reported case of Chlamydia.
- Meet targets outlined in PE 12 for timeliness and completeness in investigation and reporting.

**2. Assure availability of immunization for human and animal target population.**

- Immunizations for human target populations are available within local health department

jurisdiction.

- Rabies immunizations for animal target populations are available within local health department jurisdiction. This vaccine can be ordered for next day delivery to health department by contacting OHSU Pharmacy or calling (800)VACCINE which orders directly from the manufacturer.
- Assure early detection, treatment, education and prevention activities which reduce morbidity and mortality of communicable diseases.
- Exercise the public health statutory responsibility in responding to community aspects of communicable disease control and social distancing.
- Encourage staff responsible for epidemiology/communicable disease/environmental health services to participate in appropriate and available training annually.
- Maintain system for the surveillance and analysis of the incidence and prevalence of communicable diseases (ORPHEUS).
- Annual reviews and analysis are conducted of incidence rates reported and evaluation of data is used for future program planning.

Above activities will be performed by Public Health Nurses/Communicable Disease Nurse (and environmental health staff as necessary during outbreaks) and as funding allows, we will maintain our 100% response to reportable diseases and condition standard for all who reside in Tillamook County.

### **Evaluation:**

- Monitor immunization rates; annual communicable disease statistics; DHS triennial review of response time in reporting, and informal survey to health care providers annually. All activities are monitored and evaluated by the Public Health Program Manager and the Public Health Medical Officer.
- Three outbreaks in the past 3 years.
- Meet targets outlined in PE 12 for timeliness and completeness in investigation and reporting.

## **2. Tuberculosis Case Management**

### **a. Current Condition:**

Tillamook County still has a low TB incidence with 2-3 cases of LTBI in a year. Most of these are identified through the School clearance TB screening and are in foreign-born people. Tillamook County provides preventative treatment for those with latent TB infection.

### **Goals:**

- Prevent the spread of tuberculosis.
- Have early and accurate detection, diagnosis and reporting of TB cases
- Assure contact investigation is done for active cases
- Assure DOT administration of medications for active cases
- Assure completion of treatment for LTBI

**Activities:**

- Maintain relationships with private providers within the county
- Offer education and information about disease reporting in a timely manner to private providers in the county.
- Communicable disease nurse serves as case manager for active cases and will complete contact investigation for active cases
- Follow up with contacts for testing and any further care
- Nursing staff will be trained to administer medications and monitor for possible side effects
- Nursing staff will monitor LTBI clients for compliance in medical regimen, provide medications, education and review and monitor possible side effect
- Use ORPHEUS reporting system
- Participate in TB cohort review on a quarterly basis.

**Evaluation:**

- Continual monitoring of LTBI and TB incidence in Tillamook County
- Documentation of the medication dispensing in the Electronic Medical Record.
- Completion of LTBI medical logs for clients
- Three (3) LTBI clients currently undergoing treatment (one (1) with Rifampin and two (2) on INH)
- Presented one TCHD client at 2<sup>nd</sup> Quarter TB Cohort review conference call.
- CD Nurse attended TB meeting in Portland, August 2012- “Challenges & Opportunities in TB Case Management”

### **3. Tobacco Prevention, Education, and Control**

**a. Current Condition or Problem**

Tobacco is the leading preventable cause of death in Tillamook County as it is statewide. Every year (based on 2009 data) 82 people die from tobacco use in Tillamook County (28 percent of all county deaths) and over 1600 people suffer from a serious illness caused by tobacco use. As of 2009 over 4,100 residents reported smoking cigarettes. The economic burden is substantial. Over \$12 million is spent on medical care for tobacco-related illnesses. Over \$13 million in productivity is lost due to tobacco-related deaths. In Tillamook County 20 percent of adults smoke compared with the state as a whole. Among 11<sup>th</sup> graders current youth tobacco use reported was 14 percent compared with 17 percent statewide.

**b. Goals**

The Tillamook County Tobacco Prevention and Education Program goals work with county leadership to develop and implement tobacco control strategies based on best practices promulgated by CDC and the State of Oregon Tobacco Prevention and Education Program. Sustainable environmental change to protect non-smokers, assist people ready to quit tobacco use, and to shift social norms concerning tobacco use and smoking are goals of the program.

- Reduce and eliminate exposure to second hand smoke
- Counter pro-tobacco influences

- Promote the Oregon Quit Line
- Reduce youth access to tobacco

Specific Objectives:

- **Objective 1:** By June 30, 2012 Tillamook County TPEP Coordinator will have participated in three (3) local collaborative efforts: coordinate activities on Healthy Communities best practice objectives involving chronic disease prevention, early detection, and self-management.
- **Objective 2:** By June 30, 2012, Tillamook County government will establish a policy to include tobacco cessation coverage as a basic health care benefit for all county employees.
- **Objective 3:** By June 30, 2012 Tillamook County Health Department as the Local Public Health Authority will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA.
- **Objective 4:** By June 30, 2012, the Northwest Housing Authority (NOHA- setions8 housing) in Clatsop, Columbia, and Tillamook Counties will have adopted no-smoking rules for all properties. STILL IN PROCESS
- **Objective 9:** By June 30, 2012, The Tillamook County Fair Board will have passed a tobacco free policy and/or ordinance for all venues held on the Tillamook County Fairgrounds. COMPLETED.

The enforcement of the Oregon Indoor Clean Air Act based on an Intergovernmental Agreement with the State of Oregon (IGA) is a key function of the program. Meeting the goals and objectives of the Tobacco Program are key steps on the path to a robust chronic disease prevention program. As funds and resources are available the Program/Department plans to collaborate in the framework vision for healthy communities in Oregon.

**c. Activities**

The Board of County Commissioners in its capacity as the Board of Health for Tillamook County must approve the Tobacco Prevention and Education Program. For FY 2011-2012 the above objectives were approved. The FY 2011-2012 Tobacco Program work plan is expected to result in a timeline for tobacco to be banned at the County courthouse and at other County facilities and properties by 2013. This long-term county facility/campus plan will require extensive collaboration with the State Public Health Division, state agencies, as well as with local organizations. The Fairgrounds established a no smoking policy on the Fairgrounds effective for the Fair held in the Summer of 2012 and will apply to all future events on Fairground property which is owned by Tillamook County.

To meet the above noted goals and objectives, program staff will engage in specific plans of action based on 1) coordination and collaboration 2) assessment and research 3) community education, outreach, and media 4) policy development and 5) policy implementation.

As noted in the recent Triennial Review evaluating Tillamook County Health Department Program Performance:

“The Tobacco Prevention and Education Program is well planned and well organized. The program demonstrates strong leadership. It convenes a Health Council, represented by a cross-section of community partners, which provide guidance and support to TPEP. Smoke-free policies in hospitals, human service offices, the health clinic, and the community college were successfully adopted. Staff have worked closely with the FQHC and county clinics to ensure protocols are in place for screening and promoting the quit line. Performances on program objectives are excellent. There is a strong commitment in efforts to change social norms.”

For FY 2009-2011 the key challenges faced in workplan activities were to continue to collaborate closely with the Health Council, the Board of County Commissioners, and civic leaders to maintain continuing steps to de-normalize tobacco use in the county. Collaboration and partnership with State Public Health Division to assure congruence of actions will be important (including refinements to the workplan). As also noted, in the area of cessation standardized, customized procedures in primary care centers to support smokers as they choose to leave tobacco are being institutionalized. They must become a standard of practice in all primary care settings. More effective countering tobacco sales and marketing to minors is a critical concern.

Activities must closely coordinate with actions to improve tobacco control at the State level such as: 1) Retail licensure requirements 2) Legislation to ban tobacco from the campuses of all publicly owned facilities such as fairgrounds and state parks (for revenue reasons a tandem state and county park system approach would be needed a local leader underscores) 3) Collaboration between public health entities and the court system on tobacco control policies relating to the judicial process. (The state courts are often housed in county buildings. Jurors smoke. Juror safety and protection from outside contamination has been cited as a key issue.) A multilevel response to this need is required). 4) Requirements that all health plans/medical information systems incorporate cessation screening and referral tools and 5) comprehensively restrict tobacco advertising, promotion, and raise tobacco taxes for Oregon’s health.

Enforcement of the Indoor Clean Air Act continues to be a critical function of the Program. Applicable tobacco control/smoke free laws will be enforced.

#### **d. Evaluation**

The Oregon Tobacco Prevention and Education Program tracks program effectiveness statewide including Tillamook County. For example, state data has shown that the 8<sup>th</sup> grade smoking rates were reduced by 59 percent between 1996 when the program started and 2006. There was a 46 percent drop among 11<sup>th</sup> graders during the same period, as well as a 41 percent drop in consumption, and a 21 percent decrease in adult smoking.

Local Program Objectives are negotiated with the State TPEP program as well as approved by the Board of County Commissioners. Attainment of these objectives is the measurement of success in meeting contractual obligations.

## **B. PARENT AND CHILD HEALTH SERVICES**

### **EVALUATION OF WIC NUTRITION EDUCATION PLAN** **FY 2012-2013**

WIC Agency: Tillamook County  
Person Completing Form: Dawna Roesener  
Date: 11/28/12  
Phone: 503-842-7842

Return this form, attached to an email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by December 1, 2013

Please use the following evaluation criteria to assess the activities your agencies did for each **Year Three 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 3 Objective: During planning period, staff will continue to incorporate participant centered education skills and strategies into group settings.

*Activity 1: By March 31, 2013, WIC Training Supervisors will complete the online Group Education Course.*

Evaluation: Please address the following questions.

- Did your agency's Training Supervisor(s) complete the online Group Education Course? **No the state has not finished the online group course yet.**
- Was the completion date entered into TWIST?

*Activity 2: By June 30, 2013, WIC staff who lead group sessions and participated in the regional Participant Centered Groups trainings in 2012-2012 will pass the posttest of the online Group Education Course.*

Evaluation: Please address the following question.

- Did staff who lead group sessions and participated in the regional Participant Centered Groups trainings pass the posttest of the online Group Education Course? **No the state has not completed the online group education course yet.**
- Were completion dates entered into TWIST?

*Activity 3: By March 31, 2013, each agency will evaluate at least four nutrition education group sessions and at least one local agency staff in-service using the state provided group session evaluation tool.*

*The tool is located on the State WIC website:*

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/orwl/pcg-ho-evaluating-session-guides.pdf>

Evaluation: Please address the following questions.

- Did your agency evaluate at least four nutrition education group sessions and at least one local agency staff in-service?
- What changes, if any, were made to the group sessions or staff in-service after completing the evaluations?
- **This has not been completed because the state has not completed the group education course.**

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

Year 3 Objective: During planning period, each agency will continue to incorporate participant centered skills and strategies into their group settings to enhance breastfeeding education, promotion and support.

*Activity 1: By March 31, 2013, each agency will evaluate at least one prenatal breastfeeding class using the state provided group session evaluation tool. The tool is located on the State WIC website:*

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/orwl/pcg-ho-evaluating-session-guides.pdf>

Evaluation: Please address the following question in your response:

- Did your agency evaluate at least one prenatal breastfeeding class?
- What changes, if any, were made to the group session after completing the evaluation?
- **Yes a class was evaluated at the hospital prenatal class**
- **No changes were made because it isn't our class.**

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

Year 3 Objective: During planning period, each agency will continue to build partnerships with identified referral organizations in their community.

*Activity 1: By September 30, 2012, each agency will review their list of referrals in TWIST and identify at least one unfamiliar organization in order to learn more about the service they provide to WIC participants. By March 31, 2013, each agency will then invite a representative from that organization to give a short presentation about the services they provide at an "All Staff" meeting.*

Evaluation: Please address the following questions.

- Which community partner organization(s) did your agency identify to learn more about the services they provide? **A local midwife**
- Was a representative from that organization invited to give a short presentation to WIC staff about their services? **Yes**
- What went well and what would you do differently? **It went very well. We were all able to learn what she offers the community and given information for possible referrals.**

*Activity 2: By September 30, 2012, each agency will review their list of breastfeeding referrals in TWIST and identify at least one organization that they*

*would like to meet with to strengthen their referrals. By March 31, 2013, each agency will invite a representative from that organization to discuss how they can partner together to enhance breastfeeding support in their community.*

Evaluation: Please address the following questions.

- Which community partner organization(s) did your agency identify to strengthen breastfeeding referrals? **Healthy Families**
- Was a representative from that organization invited to discuss how they can partner with WIC to enhance breastfeeding support in your community? **Yes- They are now on the breastfeeding coalition and active in the referral process.**
- What went well and what would you do differently? **Everything is going well. They are now active members in the Breastfeeding Coalition.**

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

Year 3 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

*Activity 1: By March 31, 2013, each agency will develop and implement a plan to assure staff are communicating health outcomes to participants during certification visits.*

Evaluation: Please address the following questions.

- Was a plan developed and implemented to assure staff are communicating health outcomes to participants during certification visits? [  ] Yes [  ] No.  
If no, please explain why not.
- What went well and what would you do differently?  
**All staff are working well with the participants to set personal health outcome goals.**

*Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2012-2013.*

Evaluation: Please use the table below to address the following.

- Name of Training Supervisor.
- In-service topic and date.
- Method of training.
- Core Competencies addressed (CPA Competency Model Policy 660, Appendix A) and/or Outcome of In-service.

### **FY 2011-2012 WIC Staff In-services**

**Name of Training Supervisor: Dawna Roesener**

In-Service Topic and Date	Method of Training	Core Competencies Addressed/Outcome of In-Service
August 28-29, 2012	Statewide mtg.	Updated Staff on all new state WIC information and upcoming events.
October 17, 2012	Health Outcomes Meeting	Went over what our plan to ensure personal health outcomes for nutrition education contact.
January 2013	Midwife guest speaker	She addressed what she does in our community. Discussed partnering and referral goals.
March 2013	Partnership meeting Babies First.	what are our common clients needs are in the area of BFeeding.

**1. Immunization Program:**

- a. Annual Plan – Part A:**
- b. Annual Plan – Part B:**

## Immunization Comprehensive Triennial Plan

**Local Health Department:**

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**

**Calendar Years 2010-2012**

<b>Year 1: July 2010-December 2010</b>					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>
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 inservice 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>	<b>5/11</b>	<b>All</b>	<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 1<sup>st</sup> and Cacoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	To be complete for the CY 2010 Report

B.

To be completed  
for the CY 2010  
Report

**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**

**Calendar Years 2010-2012**

<b>Year 2: January-December 2011</b>					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>
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 inservice 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>	5/11	All	<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 1<sup>st</sup> and Cacoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	To be complete for the CY 2011 Report

B.					To be completed for the CY 2011 Report
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**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

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

<b>Year 3: January-December 2012</b>				
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>

<p>A. Increase rate of single dose Hepatitis A vaccine by 10% over next 3 years to children 0-18</p>	<p>Use AFIX assessment data as baseline Provide staffing inservice 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>5/11</p>	<p>All</p>	<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 1<sup>st</sup> and Cacoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	<p>Immunization of Hepatitis A dropped off after this third year from 323 doses in 2010 to 213 2011. (Completed for CY2012 Report</p>
<p>B.</p>					<p>To be complete for the CY 201 Report</p>

**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2010-2012**

<b>Year 1: July 2010-December 2010</b>					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>
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 clients, teen parent program,</p>	<b>Due 5/11</b>	<b>Staff ALL</b>	<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 visits, new parents, grandparents, hospital OB department.</p>	To be completed for the CY 2011 Report

	at home visits, flu clinics.			<p>Provide information about Tdap at home visits, at WIC appointments.</p> <p>Have Tdap vaccine available at all influenza clinics.</p>	
B.	Assure every shot is entered in IRS/ALERT from clinics and other sites within 14 days of administration				To be completed for the CY 2014 Report

**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2010-2012**

<b>Year 2: January-December 2011</b>					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>
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 clients, teen parent program,</p>	<b>Due 5/11</b>	<b>Staff ALL</b>	<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 visits, new parents, grandparents, hospital OB department.</p>	To be completed for the CY 2011 Report

	at home visits, flu clinics.			<p>Provide information about Tdap at home visits, at WIC appointments.</p> <p>Have Tdap vaccine available at all influenza clinics.</p>	
B.	Assure every shot is entered in IRS/ALERT from clinics and other sites within 14 days of administration				To be completed for the CY 2014 Report

**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2009-2011**

<b>Year 3: January-December 2012</b>					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>
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 clients, teen parent program,</p>	<b>Due 5/11</b>	<b>Staff ALL</b>	<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 visits, new parents,</p>	Increased Tdap doses by 50% over

	at home visits, flu clinics.			grandparents, hospital OB department.  Provide information about Tdap at home visits, at WIC appointments.  Have Tdap vaccine available at all influenza clinics.	
B.	Assure every shot is entered in IRS/ALERT from clinics and other sites within 14 days of administration				To be complete for the CY 201 Report

**2. Maternal Child Health Services:**

**Current condition:**

Tillamook County Health Department promotes physical, social, and mental well being of families based on assessed needs. There is a major emphasis on reducing risks related to pregnancy and parenting through case management services to women with infants and small children and their families. Through the funding sources services are available for pregnant women, pregnant and parenting women with substance abuse issues and children at risk for developmental delays in order to obtain the best possible outcomes for their pregnancies and young children. TCHD has experienced a reduction in public health nursing staff for home visits due to retirement of two HV nurses in the past 2 years. Budgets for these programs have also

been reduced in recent years. During 2011 the Health Department applied for and received funding to participate in the state Coordinated Home Visiting project. These funds have allowed for the hiring of a new full-time Home Visiting nurse. This nurse will work in conjunction with county-wide medical and hospital programs and other home visiting programs like Healthy Families to coordinate care for high-risk families. Due to the partnerships developed through the Coordinated Home Visiting Grant, TCHD is receiving more referrals and requests for home visiting services during 2011 through current and the newest Home Visiting Nurse is working at capacity. The TCHD is seeking additional funding for another Home Visiting Nurse to address the need and demand through private foundation funding with an expectation that a part-time nurse will be hired in 2013.

Perinatal services include and promote preconception counseling and access to early and continuous prenatal care. Clients are linked to WIC, maternity case management, Babies First, CaCoon, medical care, nutrition counseling and Oregon Health Plan. These activities are designed to improve and increase outcomes.

**Goal:**

- To improve outcomes of health related to high risk mothers and babies residing in Tillamook County by providing ongoing MCH services in the manner of outreach, education, access to resources.

**Activities:**

- Continue our work with other community agencies and partners to increase referrals to MCH services in order to increase access to care for moms, babies and their families.
- Public health nurses provide Babies First! services to infants and young children 0-3 at high risk for poor health and developmental delays.
- Cacoon services provided by public health nurses to families caring for children with special health needs to assist in accessing appropriate and necessary services in and out of Tillamook County.

**Measures:**

- Public Health Manager at review with MCH Nurse Consultant will access Babies First!, Cacoon, Maternity case management ORCHIDS data every 12 months to ensure they are maintaining outreach, education and access in Tillamook County. This is an ongoing activity.

**Goal:**

- Provide well trained, capable public health nursing staff to provide home visits for MCH client.

**Activities:**

- Seek out funding options through the Nurse Family partnership in coordination with another county (perhaps Lincoln and/or Clatsop) to share additional home visit nursing staff.

- Seek out opportunities for home visit nurses to increase knowledge about issues, available services for maternal child clients through workshops, webinars, and conferences.

**Measures:**

- Hire additional public health nurse to perform home visits for Babies First!, CaCoon and Maternity Case Management clients. Develop proposal for part time home visit nurse for 2013-2014 budget.
- 

**Goal:**

- Increase number of women getting adequate dental care during pregnancy.

**Activities:**

- Through WIC, Babies First!, Cacoon, Maternity Case Management education about the connection between mother's oral health and full term pregnancy outcome will be given.
- Arrange for pregnant women to have one visit to a dentist for an oral health check up during pregnancy.

**Measures:**

- Public Health Manager at review with MCH Nurse Consultant will access Babies First!, Cacoon, Maternity case management ORCHIDS data every 12 months to ensure they are maintaining outreach, education and access in Tillamook County. Reviews occurred each year.

**Family Planning Program Annual Plan (2013-14):**

**Goal # 1**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Lack of services for teen clients	Provide teens with confidential and safe counseling site for family planning	Addition of the PH annex and separate entry for teens to screen and register teens for FP services. Addition of a pediatric nurse practitioner to see teen clients up to age 21 for FP services	Re-evaluate effectiveness of having a separate teen FP clinic once a week, increased numbers of teens accessing FP services. As of June 2012 TCHD has two female providers doing WWE and FP late clinics every Monday and Thursdays in the Tillamook Clinic. Will bring on another FNP 2013 that will provide Family Planning. June 2012, added a half day nursing schedule to the Cloverdale Clinic to provide walk-in FP services. We already have a full day walk in FP schedule at the Rockaway Clinic.

## Goal #2

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Lack of family planning access to moms postpartum	Provide prenatal moms with maternity care management and direct setup of postpartum care and home visit pertaining to family planning	Starting January 1, 2012 prenatal and postpartum women have been assigned a PH nurse to follow them through pregnancy and help them access postpartum family planning	Setup quarterly meeting with PH nurses to evaluate how many clients were seen and what family planning methods were assigned.

### Progress on Goals / Activities for FY 2012-13 (Currently in Progress)

<b>Goal / Objective</b>	<b>Progress on Activities</b>
Teen clinic	Because the timing of the annual plan was changed, this is an ongoing effort.
Lack of full FP services in satellite clinics.	Our current staffing levels have not allowed us to provide extended FP hours at satellite clinics.

### 3. Plans to Address other Public Health Issues.

a. Domestic Violence and Assault – 1 in 4 people in Tillamook County have been or know someone who has been a victim of domestic violence according to a recent community survey (2010-11). Women living in poverty are at greater risk for domestic violence as are their children. As these individuals represent a significant population in Tillamook County, this is an area of concern for the Health Department. The Tillamook County Health Department has entered into an agreement with the Tillamook County Women’s Resource Center to house a women’s advocate in the Health Department and to provide ongoing training to all staff. This arrangement will continue through 2014. Additional training on trauma informed services is scheduled for Spring 2013.

b. Homelessness - The number of people that are experiencing homelessness is on the rise in rural areas where unemployment and poverty are a constant factor. People experiencing homelessness are at higher risk for illness and a shortened life span. Additionally, children experiencing homelessness are at-risk for poor health outcomes in their teen and adult years. In the last two years Tillamook County partners including the Health Department has embarked upon an extensive 24 count of our homeless population. Another count is scheduled for January 27, 2012. The 2011 count revealed that over 300 people are homeless in Tillamook County with 25% of these people families with young children.

Tillamook County Health Department is working with partners to gather better data on our homeless populations in order to pursue additional funding for both housing and health care services. 2012 and 2013 are targeted for further resource development and coordinated intake and identification of this high risk population. Funding to house a homeless case manager/resource worker in the health department is being pursued through private foundation funding. 2014-15 is targeted for development of a drop-in center and federal funding for increased medical services for the homeless. Additionally, the Health Department is providing case management and nursing staff during the annual “Homeless Connect” event to provide information about insurance, health care services, flu shots, family planning information and to assist in making appointments.

c. Mental Health/Chronic Mental Health Issues – People with chronic mental health issues struggle with medication management. This struggle is exacerbated when a person is also dealing with a chronic medical condition. This can often mean that preventative care like immunizations are overlooked. Youth struggling with depression do not know what they are experiencing or where to go for help. In partnership with the County’s Behavioral Health agency, Tillamook County Health Department is seeking to integrate behavioral health services into other health care services that are provided at our clinics. Currently, one part-time staff is working two days a week at our main clinic providing on-site consultation with staff and providers and providing training and support as needed. Additionally, clinic staff are ensuring that all patient participate in an annual behavioral health screen and that youth participate in a screen on their first visit and every six months there after. Both a Pediatric Nurse Practitioner and a behavioral health specialist will be available to assist with the Teen Clinic scheduled to begin in the Spring of 2012.

d. Teen Pregnancy Prevention – Tillamook County’s rate of teen pregnancy fluctuates constantly and is currently on the increase. Community organizations, school counselors, principals, students and concerned citizens have requested that services be made more accessible for teens. Teen clinics have been provided through the Health Department in the past but were stopped several years ago. The Health Department is piloting a new teen clinic in the City of Tillamook after school one day a week. The clinic is within walking distance of the local high school, junior high and community college. New provider staff the teen clinic hours effective Spring 2012.

**e. 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.

TCHD is seeking to address this through a community-based collaborative to increase access to chronic disease prevention and education and community and worksite wellness initiative. Efforts to seek an Americorp Vista to work with the community initiatives would increase capacity to coordinate efforts. An Americorp Vista was secured (August 2012) and is working these efforts with the TCHD Administrator, community coalition and County Human Resources Department. Other activities include meetings with county department managers and assisting with nutrition education, planning the Child Hunger Food Summit (partnership between TCHD and Oregon Food Bank), Kick Butts Day 2013 and Quit Day for patients at the clinic.

## **C. ENVIRONMENTAL HEALTH**

**a. Current condition or problem:**

EH provides inspection, licensure, consultation and complaint investigation of food services (B&B's and restaurants), tourist facilities (hotels, RV Parks, organizational camps), and public swimming and spa pools. EH inspects approximately 200 food booths associated with temporary events as well. In addition, EH responds to public health issues including mold, West Nile Virus, animal bites, food-borne illness and general health complaints. Fees collected from licensed facilities do not cover operating costs.

**b. Goals:**

Inspection goals are as follows:

1. Food service facilities a minimum twice annually
2. RV Parks twice annually
3. Pools and spas twice annually
4. Traveler's accommodations at least biannually
5. Organizational Camps annually
6. Food borne illness and animal complaints are responded to immediately
7. Other complaints are responded to based on danger to the health of the public
8. All non-benevolent temporary restaurants receive an onsite inspection. Benevolent inspections receive a phone consultation at a minimum
9. Drinking water systems are surveyed on schedule provided by the OHS-DWP All alerts and consultation activities are provided in a timely manner.

**c. Activities:**

1. The County shall carry out all delegated authority, responsibilities, and functions;
2. Enforce the applicable statutes and rules relating to the programs
3. Conduct follow-up inspections of establishments and facilities
4. Investigate all cases of food borne illness
5. Make available to the Administrator reports regarding inspections conducted
5. Maintain a website providing available services and contacts as well as facility inspection reports

**d. Evaluation:**

The Environmental Program Manager monitors inspection loads of the staff and prioritizes activities to accomplish goals and assure the health of the public. The Department of Human Services evaluates the County program every three years.

**Management and staffing plan**

Tillamook County has adopted by ordinance fees for licensed facilities that are due annually. Staff attends all required training, ensuring 2.0 CU's are obtained annually to maintain current environmental health registration.

**Water**

**a. Current condition or problem:**

Tillamook County monitors 85 public water systems

**b. Goals:**

The work described herein is designed to meet the following EPA National Drinking Water Objective by 2015:

*“91% of the population served by community water systems will receive water that meets all applicable health-based drinking water standards during the year; and 90% of the community water systems will provide water that meets all applicable health-based drinking water standards during the year*

**c. Activities:**

1. The County shall respond to drinking water emergencies and waterborne disease outbreaks, and maintain a current emergency plan.
2. The County shall take independent enforcement actions against public water systems serving licensed facilities.
3. The County will update Health Services computer database inventory records of public water systems, as changes to this data become known.
4. The County shall respond to requests from water systems for info on the regulatory requirements.
5. The County shall investigate all water quality and be alert for detection of regulated contaminants. The County shall consult with and advise the water system operators on actions to assure sampling is completed.
6. The County shall contact and consult with public water systems that are significant non-compilers with drinking water standards.
7. The County shall conduct Sanitary Surveys of public water systems no less often than every 3 years.

8. Review emergency response plans of public water systems.
9. The County invoices the DW program on a monthly basis for services not considered basic requirements.

These activities will be accomplished by both the Environmental Program Manager and Environmental Health Specialist.

**d. Evaluation:**

Evaluation of the component is monitored on a quarterly basis by the Environmental Program Manager. The State Health Services evaluates the County program through annual plans and comprehensive review every three years.

## **D. HEALTH STATISTICS (VITAL RECORDS)**

**a. Current condition or problem** - Health departments in Oregon are mandated by statute to collect and report certain health statistics to the State (i.e., electronic and paper data from birth and death certificates). Birth attendants initiate the birth certification process; and physicians and funeral directors initiate the death certification process.

With the implementation of the new EDRS system all birth certificates are processed at the local hospital and sent electronically to State Vital Records.

County Registrars complete the certification process by assuring the completeness, accuracy, confidentiality, and proper certification of births and deaths within six months after the event.

Analytical capacity exists at the State level to evaluate vital statistics for information to identify at-risk populations and assess trends over time. State Vital statistics give public health officials access to confidential information that allows for the establishment of effective public health interventions. For example, birth data is used on an on-going basis for the purpose of evaluating the effectiveness of public health programs; and death data is used to supplement communicable disease outbreak information and to map cases. At the State level, the Infant Mortality Review Committee receives data of fetal and infant deaths to support analysis of the perinatal system in an effort to promote healthier birth outcomes.

The purposes of maintaining vital statistics as a function of public health are to:

- Assure that birth and death certification is complete and accurate.
- Analyze public health data received from State Vital Records to determine the health of the community.
- Identify populations at risk in order to provide effective interventions.

**b. Goals** – The goals of the Vital Records unit are to:

- Assure accurate, timely and confidential certification of birth and death events, and minimize the opportunity for identity theft.
- Utilize birth and death data to support analyses of health conditions of the population or of a segment of the population through the EDRS system or paper format.

**c. Activities** – The following are activities that will continue to be undertaken in FY 2010/2011 to support the work of the Vital Records unit:

- Analyze public health data received from State Vital Records to determine the health of the community
- Death reporting, recording, and registration; and
- Provide weekly notice to County clerk for removing deceased persons from voter registration list.

**d. Evaluation** –The effectiveness of the Vital Records unit is measured by the following types of outcomes: Percent of birth and death certificates provided within 24 hours of receipt; the number of certificates issued; and the kinds of data analysis conducted. Data collection occurs at the State level. Data analysis and program evaluation occurs at the program, division and department levels. Information is reported to the Board of County Commissioners, the Oregon Department of Human Services/Health Services, and other funders as required.

## **E. INFORMATION AND REFFERRAL**

### **Previously described in Provision of Five Basic Health Services**

## **F. PUBLIC HEALTH EMERGENCY PREPAREDNESS**

### **Current condition:**

Public health emergencies range in scale from a communicable disease outbreak to a major event or disaster such as flooding, wind storm, earthquake, tsunami or other disaster. The general public as well as public and private organizations expect Tillamook County Health Department to be prepared and able to respond to an emergency. A comprehensive response to an emergency requires systematic planning, comprehensive education, training and emergency response exercises. It requires communication and coordination with emergency management staff, emergency services, local authorities, local providers and the hospital. TCHD can be accessed 24/7/52 for all emergencies.

The TCHD comprehensive multi-year training and exercise plan was submitted to PHEP as required.

### **Goal:**

Tillamook County Health Department will comply with all PE12 requirements. TCHD will participate in countywide and statewide preparedness events. TCHD will continue to coordinate activities with our emergency management department.

### **Activities:**

Activities have been fully outlined in our multi-year training and exercise plan submitted to PHEP. TCHD PHEP Plan covers training specific to coordination with community partners, including the local hospital, medical providers, emergency services, law enforcement, emergency management and Red Cross. TCHD will provide educational materials and resources to provide to schools, businesses and churches. TCHD will alert community to any potential threats, hazards or events.

**Evaluation:**

Evaluation provided per our twice yearly PHEP reviews through Oregon Department of Human Services. Maintain after action reports and plans which may be adjusted per outcomes of training and exercises.

**MULTIYEAR TRAINING AND EXERCISE SCHEDULE**

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**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)

**D** = Drills

**W** = Workshop

**FE** = Functional

**TTX** = Tabletop

**FSE** = Full-scale

Event	Type	Capability	Proposed Date	Sponsor/Location
<b>Fiscal Year 2010</b>				
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 Propy	Oct-Nov 2010	TCHD
<b>Fiscal Year 2011</b>				
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
<b>Fiscal Year 2012</b>				
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
Seasonal influenza clinics	FE	Mass prophy	Oct-Dec. TCHD	All HD clinics, multiple clinics off sites at various locations – schools, businesses, etc.

Event	Type	Capability	Proposed Date	Sponsor/Location
H.D. radio/communication Exercise	D	Communication	June 2012	TCHD, EM

## G. OTHER

### **Remodel and Expansion Construction of TCHD Public Health Facility:**

Budgetary consideration had led to a consolidation of TCHD buildings and facilities. In March 2009 the Public Health and Environmental units of the Health Department moved into the Central Health Center building. The vacating of the PH/EH building resulted in \$17,000 of annual savings. The budgetary benefits of this situation were offset by the placing of staff in crowded and less than ideal work environments; their education and training areas adjacent or in close proximity to the medical services and treatment areas; and with their clients needing to share a waiting room with patients seeking medical treatment.

This situation was remedied as of July 2011 with the opening of the remodeled and adjacent expansion of the Health Department's Central Health Center in Tillamook. The new construction provides 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 existing building remodel includes four additional exam and treatment rooms; a children-friendly pediatrics suite in jungle motif; moving administrative and finance services into the Central building; and expansion of medical provider area. The construction project totaled \$461,000.

### **Feasibility Study for Improved Facility in South County:**

Services in the Cloverdale clinic are located about 30 minutes south of the Tillamook Clinic. Services are provided in the main floor of an historic family home that is poorly heated and insulated and less than ideally designed for a health clinic. TCHD has been leasing the space for over five years while providing clinic services three days a week including WIC visits one day a week and a nursing schedule one day a week. There is an increased demand for services in this area of the county. In order to make the best use of staff time, it is more cost effective to see more patients on the days that the clinic is open rather than add more days at this time. There is not enough space in the current facility to serve more clients on during clinic days. The county owns property adjacent to the current facility that they are willing to use for a county clinic. Additionally, improved transit services and a new transit center will be located directly across from this location. Before proceeding to pursue funding options, an extensive feasibility study will be completed in Spring 2013. If feasible, a new facility will be targeted for 2014.

## IV. ADDITIONAL REQUIREMENTS

### **A. Organizational Chart of Tillamook County Health Department included. Attached - APPENDIX A**

## **B. Tillamook County Board of Health**

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.

## **C. Public Health Advisory Board**

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 with a 67% consumer majority. 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.

## **D. Triennial Review**

Excerpts from April 14, 2010 DHS-PHD from Tom Engle, Manager of Community Liaison Office to Tillamook County Board of Commissioners.

*“The triennial onsite agency review was conducted for Tillamook County Health Department between February 2nd and 26<sup>th</sup> 2010. The Department of Human Services, Public Health Division program managers and consultants visited the health department to evaluate county public health programs for compliance with state and federal public health laws, as well as contract requirements. The review included the appraisal of approximately 947 separate items in 18 program areas. While there are some areas that need attention, keep in perspective that the vast majority of the findings were positive.*

### *Commendations*

*The Local Public Health Authority (LPHA) services continue to grow to meet the demands of Tillamook County. The Federally Qualified Health Clinic (FQHC) will expand its space this summer and thus also increase the space for public health staff and services. The LPHA publicizes its programs very well using newspaper ads, travel magazines, and brochures. There is continuing collaboration between the hospital and the county for emergency preparedness. The LPHA has demonstrated leadership in tobacco prevention, by implementing its own policies for tobacco-free county campuses.*

*The Maternal Child Health (MCH) programs collaborate well with their partners. There is an established referral process with the Healthy Start (Healthy Families) program. There is access to the pediatric specialist in neurodevelopment at the Federally Qualified Health Clinic (FQHC) once a week. The MCH program provides high quality home visiting, offering immunizations and dental fluoride varnish to all Babies First! clients. The electronic medical record system*

*continues to support the practice of consistent documentation of nurse assessments, screenings and care plans.*

*The Tobacco Prevention and Education Program (TPEP) is well planned and well organized. The program demonstrates strong leadership. It convenes a Health Council, represented by a cross-section of community partners, which provide guidance and support to TPEP. Smoke free campus policies in hospitals, human service offices, the health clinic, and the community college were successfully adopted. Staff have worked closely with the FQHC and county clinics to ensure protocols are in place for screening and promoting the quit line. Performances on program objectives are excellent. There is a strong commitment in efforts to change social norms.*

*The LPHA demonstrates a strong commitment to the Family Planning (FP) Program. In FY 2009, 61.4% of the estimated women in need of FP services in Tillamook County were served by the LPHA; the state average was 40.7%. About 24% of the estimated female teen population was served, which is more than two times the state average. There are model teen education policies, which include involving the teen's family in the decision to seek FP services. The FP Program offers a broad variety of birth control methods. The services have averted an estimated 117 pregnancies, 31 of which would have been teen clients.*

*The Environmental Health Program provides excellent service to the community. Inspection frequencies in the food, pool, and traveler accommodations program areas are excellent. State standardization has been completed. Staff exhibit good communication skills with operators and employees of the food service facilities. Staff focus on the critical risk factors that are most associated with foodborne illness.*

*The LPHA has a successful Sexually Transmitted Disease (STD) prevention and control program. STD surveillance practices are excellent. All reported STD cases (that can be located) receive a health department interview for intervention activities.”*

## **E. Coordination of TCHD and Tillamook County Commission on Children and Families (TCCF) (Senate Bill 555)**

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. 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 pertaining to coordinated home visiting grant and coordinated intake and screening and development of coordinated case management services.

## 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. TFCC staff are now housed in the Health Department. Increased efforts to integrate services are underway with behavioral staff on-site full time effective January 2012.

**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 5.0 FTE for the balance of Public Health. The 4.0 represents four Public Health Nurses who provide 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, a .2 FTE pediatrician, and a full-time Pediatric Nurse Practitioner 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 \$700,000 in un-reimbursed services to the most needy of Tillamook County over the past 12 months. 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 also 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. **Tillamook 2009-2014 Strategic Plan Attached (APPENDIX B) and on County TCHD/Website.**

Strategic planning is conducted annually with the last all-staff planning held in October 2012. The Action Plan is expected to be completed by February 2013 and will guide the work of the department over the next year. The Health Council also participated in planning and developed specific actions for the Council. Actions include advocacy training which is scheduled to take place in January 2013.

Further, an updated community health needs assessment and related community health improvement plan is anticipated for 2013 in conjunction with the Coordinated Care Organization planning timeline. Meetings with key partners including: Behavioral Health, General Hospital, Medical providers, Public Health and Health Council resulted in discussion and agreement that the planning efforts should occur together in order to avoid unnecessary duplication and confusion in the community. This effort is expected to be led by the local Health Department. The Department is currently pursuing resources and support from the Columbia Pacific CCO which covers the County.

#### **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. TCHD is seeking to address this through a community-based collaborative to increase access to chronic disease prevention and education and community and worksite wellness initiative. Efforts to seek an Americorp Vista to work with the community initiatives would increase capacity to coordinate efforts.

#### **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 does not fulfill the staffing qualifications for public health accreditation and with an aging public health team will find it even more challenging to meet the criteria in the future.

TCHD continues to work to implement the Patient Centered Primary Care Home model, known in Oregon as the Patient Centered Primary Care Home (PCPCH) designed to address Oregon's Triple Aim. This effort is supported with two federal grants totaling a \$90,000 over a two year period. TCHD Community Health Center received PCPCH recognition at Tier 3 effective November 1, 2012 in all three clinics.

TCHD began to address the prerequisites for Public Health Accreditation in 2012 while pursuing resources/funding in order to seek federal accreditation. A grant was sought from the NW Health Foundation but was not awarded. The administrator will continue to pursue funding. This effort is pending while resources are sought to support the accreditation process.

TCHD engagement in a PCPCH recognition and accreditation process that is requiring significant staff time and resources. Staff have been enthusiastic about the changes and excited to add new programs and services while changing how we do our business to provide even better services to our clients.

## **VI. Budget**

**A. Budget location Information:**

1. **Contact:** Tammy Hickman, TCHD Accounting Manager
2. **Address:** 801 Pacific Ave., Tillamook, OR 97141
3. **Phone Number:** (503) 842-3920
4. **Email Address:** [thickma@co.tillamook.or.us](mailto:thickma@co.tillamook.or.us)

**Projected Revenue Information: Not required, see instructions**

**B. VII. MINIMUM STANDARDS**

**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 X 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 X No \_\_\_ Perinatal care is provided directly or by referral.
83. Yes X No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes X No \_\_\_ Comprehensive family planning services are provided directly or by referral.
85. Yes X 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 X No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes X No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes X No \_\_\_ There is a system in place for identifying and following up on high risk infants.
89. Yes X No \_\_\_ There is a system in place to follow up on all reported SIDS deaths.
90. Yes X No \_\_\_ Preventive oral health services are provided directly or by referral.
91. Yes X No \_\_\_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes X No \_\_\_ Injury prevention services are provided within the community.

### **Primary Health Care**

93. Yes X No \_\_\_ The local health department identifies barriers to primary health care services.
94. Yes X No \_\_\_ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes X No \_\_\_ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes  No  Primary health care services are provided directly or by referral.
97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

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

### **Health Department Personnel Qualifications**

#### **Local health department Health Administrator minimum qualifications:**

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

#### **Answer the following questions:**

Administrator name: Marlene L. Putman, JD

Does the Administrator have a Bachelor degree?                      Yes  No

Does the Administrator have at least 3 years experience in    Yes  No

public health or a related field?

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

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

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

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

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

**a. Yes \_\_\_ No X 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.**

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.**

**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

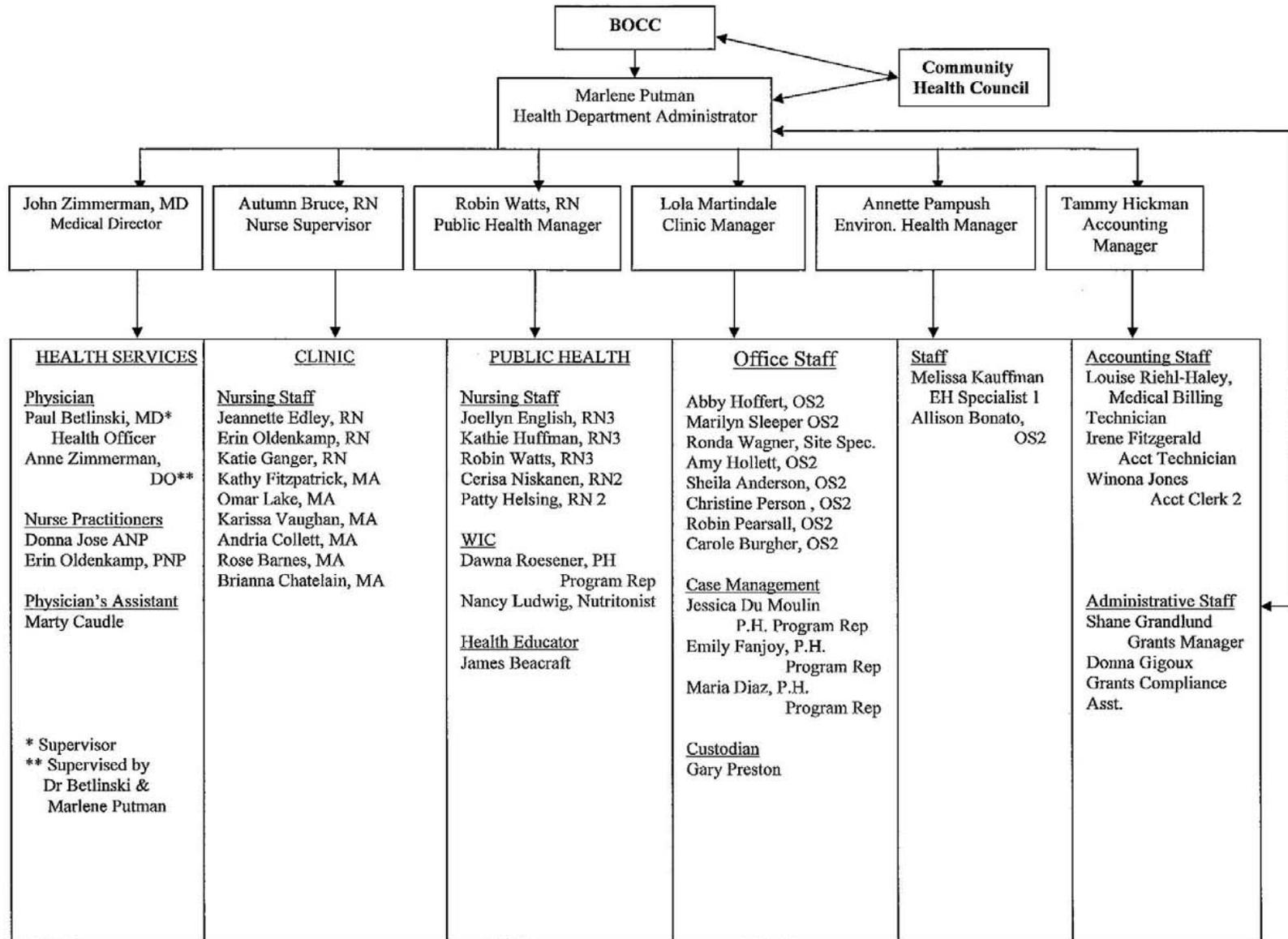
01/19/12  
Date

## **VIII: APPENDICES**

**A. Organizational Chart of Tillamook County Health Department**

**B. Plan to meet the minimum qualifications for Local Health Department Administrator**

# 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. COMPLETED October 22, 2011 (See below for class description).
2. Participate and complete the Communicable Disease training provided through Oregon Epidemiology Conference in May 2011 and other trainings offered through the state. COMPLETED
3. Participate in and complete training in Emergency Preparedness courses in 2011-12. **To be completed by February 2013 (including ICS 400)**
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. **This is dependent upon department budget and administrative availability. Assistance with on-line course availability is needed.**
5. During 2013-15, or sooner as time and resources allow, participate in a graduate level course in biostatistics.
6. During 2014-16, or sooner as time and resources allow, participate in a graduate level course in epidemiology.
7. During 2015-17, 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. **Ongoing**
9. Maintain licensure with the Oregon State Bar through continued legal education course with a specific emphasis on Health Care related training issues. **Completed 45 continuing legal education credits 2009-12. Current license to practice in law - Oregon State Bar Assoc.**

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.