

# **Local Public Health Authority Plan Annual FY2009-2010**

## **I. Executive Summary**

The fiscal year July 1, 2008 – June 30, 2009 has been to date one of accomplishment for Tillamook County Health Department (TCHD) with the realization of a significant number of key goals and objectives. It has likewise been one of challenge especially as one looks to the near future.

The capacity of the County to provide funding for Public Health's mandated services has become more and more limited. The demands of the current economic crisis have been further complicated by a significant increase in reportable diseases occurring in the County. This is making it much more difficult for TCHD to fully respond in protecting the County's population. The FY2009-2010 Budget shows a Public Health deficit of slightly over \$100,000 and \$10,000 for Environmental Health. The previous year's County General Fund commitment of \$110,000 would have almost closed this deficit. Instead Tillamook County found it necessary to reduce their contribution by \$10,000 to \$100,000. This reduction places both of these critical functions into deficit spending. This balance is expected to be covered by revenues generated from the FQHC medical clinical services. With the Health Department's current reduced revenues and deficit cash flow this appears problematic at best. This financial situation results in a strong interdependence between the success of the TCHD FQHC-based clinical services and provision of Public Health services for the communities of Tillamook County.

TCHD's FQHC medical services operations have been running positive financials with a positive net cash flow – revenues over expenses for more than the past three years. Positive net assets have increased for the past four audited fiscal years. Expenditures are being appropriately time phased and according to budget and receipt of revenues is being done in a timely manner and in accordance with budget. There has been a continuing long-term positive trend of increased patient encounters through the clinical system over 2006. Through July 30, 2008 cash flow reserves reached a positive \$209,000. At this time a series of factors and issues that have pushed TCHD from that positive cash flow to its current cash deficit of \$31,000 (Feb. '09). Key causative factors include: loss of four experienced, productive mid-level providers to resignation since October 2007; replacement of lost medical providers with talented, but inexperienced newly graduated providers; implementation of Electronic Medical Records (EMR) with retarded productivity recovery; Humana's Veteran's Healthcare Program non-performance; impact of the recent uninsured/non-payment surge; and limited opportunity for further internal cost cutting.

The impact of the uninsured, newly uninsured and patients unable to pay has intensified over the past eight months. Tillamook County's joblessness has reached over 12% with more local layoffs announced and eminent. From July 2008 through February 2009 TCHD has seen a 127.8% increase in bad debt/collection debt write-offs and sliding fee adjustments have risen by 31.4% during the same time period. Comparing 2007 to 2008 there has been 17% increase in the numbers of >200 poverty level. These factors are placing significant duress on the Tillamook County Health Department's operations and its resource capacity to respond to this critical and intensifying economic situation.

## **II. Assessment**

### **Chronic Disease**

There has been an increase in the number of diseases that are reportable. This cannot though fully account for dramatic increase in reported cases that is being experienced in Tillamook County. The five-year average has been 28.5 reports per year. During 2007 diseases reported, confirmed and investigated totaled 55 with a 2008 increase to 84 reportable disease cases.

**No Other Changes of Substance.**

## **III. Action Plan**

### **A. Epidemiology and Control of Preventable Diseases and Disorders**

**No Changes of Substance.**

### **B. Parent and Child Health Services, including family planning clinics as described in ORS 435.205**

1. WIC: *Included*
2. Immunizations: *Attached – APPENDIX I, II*

**No Other Changes of Substance.**

### **C. Environmental Health**

**No Changes of Substance.**

### **D. Health Statistics**

**No Changes of Substance.**

### **E. Information and referral**

**No Changes of Substance.**

### **F. Public Health Emergency Preparedness**

**No Changes of Substance.**

### **G. Other Issues**

**No Changes of Substance.**

## **IV. Additional Requirements**

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

### **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 fourteen (14) active members with one additional nomination pending with a 67% consumer majority among the fourteen. 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 fourteen members reflect well the composition of the community in terms of gender, age and ethnicity.

### **D. 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 is currently additional collaborations with partnerships in a Youth Mentoring Initiative Grant Program and a Tobacco Control Healthy Communities – Phase I Grant Program.

## **V. Unmet needs**

**Human Resource Needs:** Prior to the current and near-future financially austere and insecure environment there was already significant and dramatic unmet need. Public Health services are limited to 1.7 FTE for Environmental Services and 4.0 FTE for the balance of Public Health. The 4.0 represents four Public Health Nurses providing nursing services for the three County school districts; home visitation for special needs children; immunizations; limited family planning teen clinics; dental varnish; and referrals to other appropriate services. .5 FTE of the 4.0 is dedicated to Emergency Preparedness. There are no other resources for preventive education and health promotion interventions in a highly needy geographic and economic environment.

The general healthcare situation of the region is also grim. There is a single OB/GYN specialist and a .2 FTE pediatrician in the County. The Tillamook County General Hospital is under significant financial duress and is in the process of conversion 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 \$706,650 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. One of TCHD's four public health nurses has recently retired with another scheduled for retirement in the coming 18 – 24 months. A part-time public health nurse has been located to partially cover some of the lost hours. Other Health Center nurses and support staff are within 3-5 years of retirement. Recovery from these upcoming losses is feasible with competitive industry based salary scales and benefit packages for which there are no current or projected resources.

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

**Inadequate Public Health and Environmental Health Facilities:** As a budgetary consideration it was necessary to undergo a consolidation of TCHD buildings and facilities. In a concerted and continuing cost savings effort the three Central Health Center buildings are in the process of being consolidated from three to two buildings (already completed) to be followed shortly by further consolidation down to a single building. 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. This included incentives provided by the property owner for the building to be vacated.

The budgetary benefits of this situation are though 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.

**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 – in APPENDIX IV.*

## **VI. Budget**

**DHS/Public Health Services FINANCIAL ASSISTANCE AWARD – FY2008-2010:**  
*Attached – APPENDIX V.*

**Tillamook County Health Department FY2009-2010 Public Health/Environmental Health Budget:** *Attached – APPENDIX VI.*

**Access Tillamook County Health Department’s Public Health Budget from:**

Sharon Williams  
801 Ivy Ave., Tillamook, OR, 97141  
Tel: (503) 842-3920  
Email: [swilliam@co.tillamook.or.us](mailto:swilliam@co.tillamook.or.us)

## **VII. Minimum Standards**

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

### **Organization**

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  No  A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data.

6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  Local health officials develop and manage an annual operating budget.
8. Yes  No  Generally accepted public accounting practices are used for managing funds.
9. Yes  No  All revenues generated from public health services are allocated to public health programs.
10. Yes  No  Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  No  Personnel policies and procedures are available for all employees.
12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done annually.
14. Yes  No  Evidence of staff development activities exists.
15. Yes  No  Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  No  Records include minimum information required by each program.
17. Yes  No  A records manual of all forms used is reviewed annually.
18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.
20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  No  Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

24. Yes  No  100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No  Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No  A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

## **Control of Communicable Diseases**

- 37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
- 38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
- 39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
- 40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
- 41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
- 42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
- 43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
- 44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
- 45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
- 46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

## **Environmental Health**

- 47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
- 48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49. Yes  No  Training in first aid for choking is available for food service workers.

50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  No  A written plan exists for responding to emergencies involving public water systems.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.

69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes  No  Local health department supports healthy behaviors among employees.

71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.

72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

- a. Yes  No  WIC
- b. Yes  No  Family Planning
- c. Yes  No  Parent and Child Health
- d. Yes  No  Older Adult Health
- e. Yes  No  Corrections Health

75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

## Older Adult Health

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes  No  Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

## Parent and Child Health

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

## Primary Health Care

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

## Cultural Competency

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

## 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: Curtis C. Hesse, M.D., MPH

Does the Administrator have a Bachelor degree? Yes X No \_\_\_

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

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

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

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

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

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

**a. Yes X No \_\_\_ The local health department Health Administrator meets minimum qualifications:**

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

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

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

AND

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

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

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

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

OR

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

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

**d. Yes X No \_\_\_ The local health department Health Officer meets minimum qualifications:**

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

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

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

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

Tillamook County Health Department  
Local Public Health Authority

Tillamook  
County

04/22/09  
Date

## Appendix E

### WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

#### FY 2009 - 2010 WIC Nutrition Education Plan Goals, Objectives & Activities

*County/Agency: Tillamook County WIC*

*Person Completing Form: Dawna Roesener*

*Date: 04/05/09*

*Phone Number: 503-842-3913*

*Email Address: [droesener@co.tillamook.or.us](mailto:droesener@co.tillamook.or.us)*

*Overall Mission/Purpose: The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing:*

- Nutrition Education
- Breastfeeding Promotion
- Supplemental Nutritious Foods
- Partnerships With and Referrals to Other Public and Private Community Groups

**Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

**Year 3 Objective:** During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

***Activity 1:*** Staff will complete the appropriate sections of the new Food Package Assignment Module (to be released summer 2009) by December 31, 2009.

**Resources:** Food Package Assignment Module to be released summer 2009.

#### **Implementation Plan and Timelines:**

Summer of 2009 as soon as the new food pkg module is released all staff will start completing the training module. All staff will have completed the module by December, 31 2009.

**Activity 2:** Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

**Resources:** State provided resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

**Implementation Plan and Timelines:**

At the statewide meeting each staff attending will take part in one of the infant feeding cue trainings.

**Activity 3:** Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

**Example:** Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

**Implementation Plan and Timelines:**

In June-August 2009 all materials to do with NE will be reviewed and updated to fit with Key Nutrition messages and new food packages.

**Activity 4:** Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment WIC A by May 1, 2010.

**Implementation Plan and Timelines:**

See attachment A for WIC training dates 2009-2010.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the participants' needs.**

**Year 3 Objective:** During planning period, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

***Activity 1:*** Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

**Examples:** Use state provided resources such as the Counseling Observation Guide to identify participant centered skills that staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

**Implementation Plan and Timelines:**

Using Oregon WIC Listens onsite visits as well as any state provided tools - Staff will identify areas that need improvement and skills that need further developing.

***Activity 2:*** Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

**Examples:** Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

**Implementation Plan and Timelines:**

In July of 2009 a staff meeting will be scheduled for staff to review the goals that they have set through the Oregon WIC Listens onsite visits. Peer observations will be set up during this meeting to take place in August and September 2009.

**Goal 3: Improve the health outcomes of WIC participants and WIC staff in the local agency service delivery area.**

**Year 3 Objective:** During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

*Breastfeeding is a gift of love.*

*Focus on fruit.*

*Vary your veggies.*

*Make half your grains whole.*

*Serve low-fat milk to adults and children over the age of 2.*

**Activity 1:** Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by August 1, 2009.

**Example:** Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

**Implementation Plan and Timelines:**

In late September the WIC Coordinator will meet with Tillamook Head Start directors to review new food packages and set strategies for promoting positive changes with Fresh Choices.

**Activity 2:** Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

**Example:** Your agency is a cooperative partner in a state led evaluation of the new food package changes such as hosting focus groups or administering questionnaires with participants.

**Implementation Plan and Timelines:**

By April 30, 2010 we will take part in state-led evaluation of Fresh Choices. This will include possibly hosting focus groups or administering participant questionnaires created by the state.

**Goal 4: Improve breastfeeding outcomes of participants and staff in the local agency service delivery area.**

**Year 3 Objective:** During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

***Activity 1:*** Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

**Resources:** State provided resources will include the Oregon WIC Breastfeeding Study data, the assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

**Implementation Plan and Timelines:**

In November 2009 using state resources we will assess our Breastfeeding promotion and support activities. We will identify strengths and areas that need improvement. The goal of setting up peer council will be revisited to be implemented by April of 2010.

***Activity 2:*** Each agency will implement at least one identified strategy from Activity 1 in their agency by April 30, 2010.

**Implementation Plan and Timelines:**

In April goals that were set in November to promote breastfeeding exclusivity will be implemented.

**Attachment A**  
**FY 2009-2010 WIC Nutrition Education Plan**  
**WIC Staff Training Plan – 7/1/2009 through 6/30/2010**

Agency: Tillamook County Health Department  
 Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	July 09	Client centered Council Goal Review	To review goals that each staff has identified and to set up peer to peer observations to support development of said goals.
2	Aug-Sept 09	Peer to peer observations	To help each other with our goals of client centered council
3	October 09	Oral health and fluoride varnish training	To revisit oral health and the importance of fluoride and varnishes.
4	January 10	Food pkg review meeting	Review how we are doing with all the changes. Are there any system changes that need to be addressed?

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2008-2009**

WIC Agency: Tillamook County Health Department

Person Completing Form: Dawna Roesener

Date: 04/05/2009 Phone: 503-842-3913

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

**Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

Year 2 Objective: During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

***Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.***

Outcome evaluation: Please address the following questions in your response.

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

**Response:** A training on oral health was scheduled but not given to staff in July of 2008 by a Public Health nurse who is providing fluoride varnishes in our community. This training has been rescheduled for October of 2009.

**Activity 2: *By March 31, 2009, staff will review the proposed food package changes and:***

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*
- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

Outcome evaluation: Please address the following questions in your response.

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

**Response:** This activity of review of food package has been delayed due to just getting a nutritionist on staff. Once she is up and running she will be giving the staff a training on the new food packages.

**Activity 3: *Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.***

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

**Response:** Oral health training was not completed but is scheduled in 2009 Dietary risk training was completed by each staff completing the module. Food package training was delayed due to just being able to hire a Nutritionist.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

Year 2 Objective: During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

***Activity1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.***

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

**Response:** All staff have reviewed the dietary risk module and are working on open ended questioning and counseling techniques. The module was reviewed by each staff through a read and sign.

***Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.***

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

**Response:** Each staff is working on not asking closed ended questions and letting the client lead in goal setting for their dietary needs.

**Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.**

Year 2 Objective: During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one

objective and implement at least on strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

***Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.***

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

**Response:** This was not met. Due to extreme budget constraints we could not offer the fresh fruits and veggies to staff each month in the break room.

***Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.***

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

**Response:** We repeated Promote your YMCA month in our WIC clinics in March of 2008. The WIC Coordinator met with the local Y director to reevaluate a sliding fee scale so that families could access the facility at little or no cost depending on where they fall on that scale.

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least on strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

**Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.**

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

**Response:** Unfortunately due to limited time we have been unable to set up a peer counseling collaborative with the hospital. This continues to be a goal and we are making steps to meet it in 09-10.

**APPENDICES**

- I. Immunization Rates and Practices - Plan A Continuous Quality Improvement
- II. Immunization Rates and Practices - Plan B Core Public Health Function
- III. Tillamook County Health Department (TCHD) Organizational Chart
- IV. Tillamook 2009-2014 Strategic Plan
- V. DHS/Public Health Services FINANCIAL ASSISTANCE AWARD – FY2008-2009
- VI. TCHD FY2009-2010 Public Health/Environmental Health Budget

**Tillamook County Health Department  
2009-2014 Strategic Plan**

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## Tillamook County Health Department

### Strategic Plan Session Notes

February 12, 2009

Facilitator: Mary C. Murphy, Consultant

Planning Group Present:

*Council Members:* Harry Coffman, Donna Parks, Cynthia Putt, Fr. Ray Ferguson, Carol Fitzgerald, J. VanderEnde, Nancy Emerson

*Staff:* Curtis Hesse, Sharon Williams, Lola Martindale, Megan Swenson, Paul Betlinski, MD, Steve Reiner, MD, Annette Pampush, Robin Watts

*County Commissioner:* Tim Josi

*Other:* Victoria Mata-Lopez, Community member  
Mike Kelly, MPH Student

Planning Meeting Proceedings: The Facilitator began the Planning meeting about 9 AM. Planning Session participants signed in and introduced themselves and their role in the organization (Health Council member, staff or other community member, etc).

The Planning Group reviewed the strategic planning process and expected outcomes. The Facilitator reviewed the relationship of the Health Council and the County Commissioners in regards to the section 330 community health center program, and the statutory duties (Public Law 104-299 Oct. 11, 1996) of the Health Council. The Facilitator also reviewed the organizational roles and responsibilities of the Health Council and the Health Department staff.

The Facilitator reviewed with the planning group the current Tillamook County Health Department Mission Statement: *“to protect and foster the good health of all people in Tillamook County”*. The group agreed to keep this mission statement as the statement of the core purpose (reason to exist) of the Health Department .

The Facilitator presented areas of focus in a successful organization:

- Client Satisfaction- wait for appointments, range of services, payer mix
- Staff Satisfaction – recruitment/retention- training, orientation, wages
- Financial Strength – balanced budget, revenue sources, partnerships
- Quality/Effective Performance-meet strategic goals, standards
- Prepare for the future – leadership, capacity, market share, programs

The Planning Group conducted a scan of internal and external conditions that could impact the Health Department in the next five years.

The Planning Group reviewed the summary results of the following:

1. Health Council Pre- Planning Group ( January 12, 2009) list of key issues facing the Health Department in the next five years
2. Health Council, Health Department Staff and Community Leader surveys conducted by the Facilitator in February 2009
3. Key Informant survey conducted in 2008
4. Oregon Office of Rural Health power point presentation on Tillamook County demographic growth projections, and current health status indicators data

The Planning Group participants chose the following four Five-Year Strategic Priorities to address from 2009 through 2014. The Planning Group developed measurable Objectives, Timelines, Action Steps, and Responsible Person for each goal.

**Strategic Goal #1 : Develop Plan to preserve the sustainability of Health Department operations and services to the people of Tillamook County**

*Description:* Commissioner Josi presented a list of expected challenges to the financial sustainability of the Tillamook County Government operations, and the Health Department operations in the near future. These expected challenges include: a decrease in forest timber revenues, a rapid depletion of the County reserves, necessary charges/payment for indirect costs across all County departments, decrease in County general funds to the Health Department, impact of Human Resources policies and labor union requirements on staffing needed to generate Health Department revenue.

Commissioner Josi requested a process to be initiated by the Health Department as soon as possible to “develop a firewall” between the County Government and Health Department to protect the Health Department’s ability to continue to provide necessary services to the people of Tillamook County.

Objective: Develop and implement a plan by May 15, 2009 to preserve the ability of the Health Department to directly provide the necessary public and individual health services to the people of Tillamook County, or to assure that another approach is activated to provide these services.

Urgent Action Steps: establish a Work Group and convene the Group within the next two weeks, establish the scope of the work of the Work Group, adopt the outcome criteria, develop the critical questions for the consultant, choose a consultant, study the issue, develop best options, recommend best option(s) and timeline to the Health Council and County Commissioners to determine a course of action.

Recommended members of the Work Group:

- Tim Josi (will Chair the Work Group)
- Health Council member
- Karen Dye- County Treasurer
- David Dickman- County HR Director
- Curtis Hesse- Health Department Administrator ( Responsible Person for this goal, who will arrange meeting logistics and consultant options for the Work Group)

- Paul Betlinski, MD- Public Health Officer
- Public Health/Environmental Health representative

Criteria for the Proposed Outcomes:

1. Work Group Timeline- convene in next few weeks to determine the scope of the Group's responsibilities.
2. The Work Group will develop a recommended plan as soon as possible within three months
3. Work Group will estimate timelines for the desired outcomes/options ( as soon as possible)
4. Work Group will estimate cost of the Work Group process to develop a plan- consultant fees etc.
5. Plan Costs should have a favorable (or at least neutral) impact for both Health Department finances and County finances
6. Plan will keep the people of Tillamook County's community health care needs ( both public health and individual health) as a priority focus
7. Plan will comply with all regulations and statutes- local, state and federal (HRSA)
8. Plan will include consideration for how Public Health and Environmental Health will be managed
9. Plan must be approved by the County Commissioners and the Health Council
10. Plan must be approved by HRSA if section 330 grant conditions or grantee changes are proposed

**Strategic Goal #2 : Increase Health Department Resources** ( see Plan in Table below)

*Description:* increase resources that will help the target population to obtain necessary health care services. These resources might include increasing Health Department revenues and reducing operational costs, developing more partnerships in the community and state for increased services and/or range of services to Health Department target population of low income, Medicaid and Medicare-insured persons, and any persons who experience multiple barriers to health care.

**Strategic Goal # 3: Improve Community Relations** ( see Plan in Table below)

*Description:* increase public awareness about the Health Department range of services and quality of service delivery. Increase the positive public perception about the Health Department- who is served, how people are served, and what they receive. Increase the public value of the Health Department services.

**Strategic Goal #4 : Build Organizational Capacity** ( see Plan in Table below)

*Description:* Health Department will be prepared to address future need for community and individual health services in Tillamook County. The Health Department will have adequate locations, facilities, equipment, operating hours, staff and technology to meet a wide range of health care needs expected in the next five years. This plan will take into account the anticipated decline in the economy, a high unemployment rate and loss of health care insurance, the ongoing challenge of professional medical provider recruitment and retention, the loss of county, state and federal support for Tillamook County health care services, the loss of health care services in Lincoln County, the projected growth in

Tillamook County of an older population with more complex health and social needs, and the current limitations and inadequacy of the Health Department facilities. Consideration for the necessary recruitment and retention of professional staff was included in this goal.

Other strategic priorities identified in the planning session and incorporated into the strategic goals listed above were:

- Staff Recruitment and Retention (included in Goal #4)
- Relations with County Government (included in Goal #1)
- Public Health /Environmental Health “Home” or organizational affiliation (included in Goal #1)
- Section 330 grant /Federally Qualified Health Center “Home” or organizational affiliation (included in Goal #1)

Finalizing the Plan: The Planning Group reviewed the Goals, Objectives and Action Steps of Goals # 2, 3 and 4. Managers and staff will continue to finalize the details of the Objectives and Action Steps of the Strategic Plan’s Goals # 2, 3, and 4. The final Strategic Plan will be presented at the next Health Council meeting for review, revision and vote for approval.

Monitoring the Plan: The Health Council meeting agenda will include the Strategic Plan at least quarterly. The Health Department Administrator will present a summary report to the Health Council for review and updates. The Health Council can vote to change the Strategic Plan goals at any time as needed. The Managers and Staff can revise the Objectives and Action Steps as needed, to address changes in the internal or external environmental conditions. Any Objectives or Action Steps revisions should be reported to the Health Council as informational items.

The Tillamook County Health Department Planning Group adjourned at 4:15 PM.

**Strategic Goal # 2 : INCREASE HEALTH DEPARTMENT RESOURCES**

<i>MEASURABLE OBJECTIVES:</i>	<i>ACTION STEPS</i>	<i>DUE DATE</i>	<i>DATA/EVALUATION</i>	<i>RESPONSIBLE PARTY/PERSON</i>
<b>2.1. Develop Response to Stimulus Package within 60-90 Days (Capital Development)</b>	2.1.a. Riggert Property/Corner Lot	1. 60-90 days as timeline develops	1.	Curtis Hesse, MD, HD Administrator
	2.1.b. ADM/PH/EH Building	2.	2.	
	2.1.c. South County Facility	3.	3.	
<b>2.2. Develop North Coast CHC Collaborative within 90-120 days</b>	2.2.a. Identify areas for Collaborative Efforts	1.	1.	Paul Betlinski, MD, Public Health Officer
	2.2.b. Identify Collaborative Partners	2.	2.	
	2.2.c. TA Support (HRSA/OPCA) for formulizing legal (integration )status	3.	3.	
<b>2.3. Study feasibility of HMO for midlevel outpatient health care within 90 to 120 days</b>	2.3.a. Evaluate active models ( Washington)	1.	1. Decision to develop or not develop program	Sharon Williams, CFO, and Lola Martindale, Clinic Manager
	2.3.b. Obtain Technical assistance on legal issues of proposed model in Oregon	2.	2.	
	2.3.c. Promote program to potential clientele	3.	3.	

**Strategic Goal # 3 : IMPROVE COMMUNITY RELATIONS (Increase Public Awareness)**

<i>MEASURABLE OBJECTIVES:</i>	<i>ACTION STEPS</i>	<i>DUE DATE</i>	<i>DATA/EVALUATION</i>	<i>RESPONSIBLE PARTY/PERSON</i>
<b>3.1. Increase Encounters by 10% within 3 months</b>	3.1.a. Distribute TCHD brochures- PUD Bills, Food Bank, Employment Office, Library, etc.	3.1.a. June 1, 2009	3.1.a. Increase in private payer by one percent within 6 months	3.1.a. Curtis Hesse, MD, Health Department Administrator
	3.1.b. Add provider pictures and biosketches to website	3.1.b	3.1.b	
	3.1.c. Increase TCHD ads in newspaper, DHS, school newsletters, other publications	3.1.c	3.1.c	
	3.1.d. Increase radio spots ( interview with Barb Trout), include Spanish language channels. “Ask Your Family Dr”, PH, CD, how safe is drinking water, etc.	3.1.d.	3.1.d.	
	3.1.e. Present to large businesses and social organizations- provide information about HD at staff meetings	3.1.e	3.1.e	
	3.1.f. Provide information about HD at staff meetings	3.1.f.	3.1.f.	
<b>3.2. Improve in-house patient relations by October 1, 2009.</b>	3.2.a. Increase information to clients about late clinics, schedules, etc.	3.2. by October 1, 2009	3.2.a. Customer service survey shows high customer satisfaction	3.2. Lola Martindale, Clinic Manager
	3.2.b.	3.2.b.	3.2.b. Increase in number of private payers	

<i><b>MEASURABLE OBJECTIVES:</b></i>	<i><b>ACTION STEPS</b></i>	<i><b>DUE DATE</b></i>	<i><b>DATA/EVALUATION</b></i>	<i><b>RESPONSIBLE PARTY/PERSON</b></i>
	3.2.c.	3.2.c.	by one percent within 6 months 3.2.c.	
<b>3.3. Increase involvement of TCHD in Health Fairs in 2009</b>	3.3.a. Conduct a Health Department booth at Farmer's Market once a season-use –use volunteers?  3.3.b. Conduct outreach at Saturday Markets in other communities  3.3.c. Work with Americorps Volunteers to conduct outreach and information about TCHD in the community  3.3.d. Arrange MPH student to conduct a TCHD outreach and education project in Tillamook County	3.3. Complete the objective by February 2010  3.3.b  3.3.c	3.3. Increase number of private payers by one percent within 6 months  3.3.b  3.3.c	3.3. Curtis Hesse, MD, Health Department Administrator

**Strategic Goal # 4 : BUILD ORGANIZATIONAL CAPACITY**

<i><b>MEASURABLE OBJECTIVES:</b></i>	<i><b>ACTION STEPS</b></i>	<i><b>DUE DATE</b></i>	<i><b>DATA/EVALUATION</b></i>	<i><b>RESPONSIBLE PARTY/PERSON</b></i>
<b>4.1. Stable service in Cloverdale by August 1, 2009</b>	4.1.a. Develop partnerships with other organizations- mental health, medical to co-locate.  4.1.b. Study possibility of residency and PA programs	4.1. by August 1, 2009  4.1.b	4.1. Cloverdale encounters increase by 10%  4.1.b	4.1 Curtis Hesse, MD, HD Administrator, Steve Reiner, MD Medical Director

<b>MEASURABLE OBJECTIVES:</b>	<b>ACTION STEPS</b>	<b>DUE DATE</b>	<b>DATA/EVALUATION</b>	<b>RESPONSIBLE PARTY/PERSON</b>
	students 4.1.c. Improve the facility by 2014	4.1.c. by 2014	4.1.c..	
<b>4.2. Increase encounters per provider by 10% within 3 months</b>	4.2.a. Stabilize days and hours of operations (all clinics) within one month 4.2.b. Increase urgent care scheduling within one month 4.2.c. Implement standard provider productivity rate within 3 months	4.2.a.by April 2009 4.2.b.by April 1, 2009 4.2.c. by July 1, 2009	4.2.a Published clinic hours and dates do not vary Encounters 4.2.b. Encounters 4.2.c. Encounters	4.2. Lola Martindale, Clinic Manager, Scheduling Committee
<b>4.3. Secure space for eventual growth</b>	4.3.a. Develop a short and long term Facilities Plan by 2/2010 4.3.b. Address short term move ( Public Health to Main Clinic and /Environmental Health to Admin) within one month	4.3.a. By 2/2010 TCHD plan for space that matches operational and staff needs, and prepares TCHD to apply for/obtain capital development funds when opportunities arise. 4.3.b. by March 1, 2009	4.3.a. Facilities Plan includes expansion and contraction possibilities 4.3.b. Adequate space for all functions and staff	4.3. Curtis Hesse, HD Administrator

## Strategic Plan Session Agenda

### Tillamook County Health Department Strategic Planning Meeting February 12, 2009

**9:00 AM**      **Introductions and Overview**  
                    Council and Management Roles

**9:15 AM**      **Brief Overview of Strategic Planning process**  
Strategy is a pattern of goals, policies, or decisions that effectively link the organization to the environment. The plan should address the issues, be workable, politically acceptable, and in agreement with mission and values.

Step # 1: Assessment

Review of Mission Statement

Areas of Focus for a Successful Organization

Examine major internal areas:            Clinical  
   Administration  
   Finance  
   Information Systems  
   Governance

Examine major external areas:            Health and Economic Indicators

Step # 2: Choose Strategic Goals and Develop the Plan

Identify up to five strategic directions/goals

Develop the Plan

- Three measurable objectives
- Three action steps (how to achieve objectives )
- timeline
- who is responsible

Step #3: Implement and Monitor Progress on the Plan

**9:45 AM**      **Results of the Council, Staff and Community Leader Surveys**

**10:15 AM**      **Break**

**10:30 AM**      **Review of Community Indicators**

**10:45 AM**      **Identify, define and analyze current major issues**

- Discuss priority Issues selected by the Pre-planning Committee:
    - Assure financial strength (professional staff, finance staff, payer mix, stable funding for mandated public health programs)
    - Recruit/ retain health professionals (physicians, midlevels, nurses)
    - Improve organizational capacity to address community need (space, staff)
    - Strengthen partnership with County (cost/services, policies, accountability)
    - Maintain community stakeholder partnerships (resources, patient care continuity)

**11:15 AM Identify other high priority issues**

- What evidence/facts/data supports this as a priority issue?
- What impact does/will this issue have on the whole community and TCHD?
- What are the measures of the outcomes you want/need?
- What will happen if we do not make this issue a priority for this year?

**12:00 PM Lunch Break**

**12:30 AM Rank issues/ themes in order of importance**

**Select up to five strategic goals**

**1:00 PM Overview- How to develop an Action Plan**

**1:15 PM Groups identify three measurable Objectives for each goal**

- At least One Objective completed in Year One

**2:00 PM Break**

**2:15 PM Groups develop up to three Action Steps**

**3:00 PM Groups report Action Plans with timelines**

**3:30 PM Overview on Next steps- how to monitor progress**

**4:00 PM Summary**

**4:15 PM Adjourn**

**Strategic Goal #** \_\_\_\_\_ : \_\_\_\_\_

<b><i>MEASURABLE OBJECTIVES:</i></b>	<b><i>ACTION STEPS</i></b>	<b><i>DUE DATE</i></b>	<b><i>DATA/EVALUATION</i></b>	<b><i>RESPONSIBLE PARTY/PERSON</i></b>
1.	1.  2.  3.	1.  2.  3.	1.  2.  3.	
2.	1.  2.  3.	1.  2.  3.	1.  2.  3.	
3.	1.  2.  3.	1.  2.  3.	1.  2.  3.	

## TCHD and Community Leader Survey Results

### Survey Summary 2-12-09

Community Health Council and Staff		
	Major Themes	Major Themes
Questions	Health Council	Staff
1. What do you perceive is the core purpose (reason to exist) of the public health component of Tillamook County Health Department?	health care and prevention	health prevention and protection
	mandated public health services	medical services for the public regardless of ability to pay public safety
2. What do you perceive is the core purpose (reason to exist) of the Tillamook County Health Department's Community Health Center Clinical Program?	access to health care for all	meet medical needs of people regardless of ability to pay
3. What do you think Tillamook County Health Department is doing very well?	quality care	providing services (11) How we provide services(9) immunizations (5) budgeting/networking (5)
4. What should Tillamook County Health Department improve?	outreach provider retention public awareness	provider recruitment/retention (15) communication -staff and patient
5. What services or ways of doing business should Tillamook County Health Department stop doing?	Various	Various TIP (4) late clinics (3) satellite clinics (6)

<b>Questions</b>	<b>Health Council</b>	<b>Staff</b>
6. What feedback, if any, from community members can you share to help us choose priority goals for the next five years?	consistent hours of operations	consistent satellite services (9)
	TCHD is essential	lack of awareness about TCHD (4)
	Improve access	
7. What do you think are the top three most important things that Tillamook County Health Department should focus on over the next five years to Year 2014?	improve access	recruitment/retention (18)
	improve finances	employee morale (14)
	increase collaboration	community relations/awareness (9)
	relations with county govt	improve finances (8)
8. What do you see as the one greatest challenge to Tillamook County Health Department achieving success in the next five years?	finances	finances (17)
	strategic plan implementation	provider retention (7)
	relations with county	employee morale (5)
		community perception (5)
		county government (4)
9. What can you personally bring to help achieve the new five-year strategic plan?	experience/skills	work together (9)
	communicate community concerns	do good work(6)
		keep positive attitude (6)
		educate public (4)
		offer my experience/skills (4)
10. What do you need in order to work successfully on a five-year strategic plan? Choose and explain all that apply:		new skills (17)
		Various

<b>Community Leaders Survey Results</b>		
<b>Questions</b>	<b>Leaders' Major Themes</b>	<b>Leaders' Major Themes</b>
1. What do you perceive is the core purpose (reason to exist) of the public health component of Tillamook County Health Department?	Protect health of people in Tillamook County	
2. What do you perceive is the core purpose (reason to exist) of the Tillamook County Health Department's Community Health Center Clinical Program?	Provide health care regardless of ability to pay	
3. What is Tillamook County Health Department doing well?	Meet health care needs of low income persons	
4. What should Tillamook County Health Department improve?	Improve Finances Increase Provider recruitment	Increase Collaboration
5. What should Tillamook County Health Department add?	Increase community awareness	Increase Partnerships
6. What should Tillamook County Health Department stop doing?	Various	
7. What do you think are the top three most important things that Tillamook County Health Department should focus on over the next five years to Year 2014?	Improve finances Build partnerships	Build public awareness Increase providers
8. What do you see as the one greatest challenge to Tillamook County Health Department achieving success in the next five years?	Improve finances	Increase providers

9. How can Tillamook County Health Department work more effectively with your organization or department to address the county population's health care needs?	Various	Share needs assessment, efforts
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**TILLAMOOK COUNTY HEALTH DEPARTMENT COMMUNITY HEALTH COUNCIL SURVEY RESULTS 2-5-09**

8 responses of 13 sent (54%)

**1. What do you perceive is the core purpose (reason to exist) of the public health component of Tillamook County Health Department?**

To protect the health of the people of Tillamook County through prevention of and response to threats to their health.

To Provide Health care and prevention to the citizens of Tillamook County  
To inform and educate the counties' residents of communicable diseases, provide immunizations, and to teach wellness principles to students and to adults  
state mandate to protect public health

Tillamook County Health Department is a Local County Health Department, the publics' health is what we do together to assure the people of our community are healthy. Those assurances; as stated by the Institute of Medicine and echoed by me today include but are not limited to; preventing disease, prolonging life, improving the quality of life, eliminating health disparities, and organizing community efforts to reach the above. If I were to draw a picture of the Health Department, Public Health would be the umbrella that over-arches all other programs; clinic, school health, maternal/child health, WIC, Immunizations, CD, etc. Just to add the Goals of Public Health being: To increase the quality and years of healthy life and to "Eliminate" health disparities.

To ensure all residents of the County a safe environment including State mandated programs.  
To promote good health in our county.

To provide mandated public health services to the people of Tillamook County. Further to proactively address public health needs, to forecast future health care issues and be prepared to address them by actively training staff, identifying resources, to truly be prepared to protect and foster the good health of the people of the county.

**2. What do you perceive is the core purpose (reason to exist) of the Tillamook County Health Department's Community Health Center Clinical Program?**

To provide access to medical care to members of the community who otherwise would not have other resources.

Same as above ( LINE 6)

To provide healthcare to county residents who are ill, provide well-baby visits not only to first-time parents but to new parents who face challenging health issues with future babies also. Perhaps a parent already is experienced in basic childcare, yet a new child may be born with a health condition that requires special care techniques, and in this regard the health dept. could provide much-needed support to the parent in the way of education as well as monitoring the baby's condition during in-home visits.

provide healthcare to folks without providers or uninsured or under insured.

To be a major part of reaching the two goals of pubic health above especially assisting the community in 'eliminating' health disparities in this community. As is true of all programs within the County Health Department I would hope that the Health Center Clinical program would reflect its services by way of looking at the above assurances and working at meeting those.

To ensure access to health care for all people of Tillamook County.  
To minister to the health needs of residents who have no other access to health care,  
To provide health care services to all who seek them.

**3. What do you think Tillamook County Health Department is doing very well?**

Rapid response to community health threats and preventive treatment and education.  
Providing quality health care.  
Providing quality health care  
The Health Dept. seems to be serving a lot of people, judging from the looks of the waiting room when I have been there.  
home visit RN staff, WIC, environmental health  
As a new member of the Council I am aware of the Immunization programs success of meeting state-wide goals for 2 year olds and hope that that continues. I'm sure as time goes by I will know of other programs that are performing as well.  
Managing without enough providers. Treating all people compassionately. Maintain through adversity.  
Being an advocate and a listening ear to the people of Tillamook County.

**4. What should Tillamook County Health Department improve?**

Outreach, increase productivity, less waiting time for appointments  
Recruitment and retention  
Community outreach could be improved. There seems to be a lot of emphasis on the younger generation(s), but I don't hear much about services provided to/for elderly citizens. Having a provider truly interested in serving the needs of the older population would be very beneficial I believe. Physicians and the other providers also need to really listen a lot better. While I realize that the Hispanic community is growing and deserves care also, I am observing that the Health Dept. seems to be catering to this population at the expense of this counties' other citizens. Dental care for more people ought to be a priority issue also.  
do whatever it takes to keep providers 1)competitive wages,2)longer paid vacations,3)paid trainings and seminars4) whatever it takes to retain providers!  
Putting county health statistics in front of the public either by the local newspaper, internet or some other free publication. Public health can often be a "victim of its own success" and it will go unfunded by County Commissioners if it isn't put in front of the public in a way that shows how valuable and necessary it is in every way, everyday.  
Need consistent providers and clinic days/hours of service at satellites. Financial situation.  
Education of County personnel.... (Hard to do when they refuse to listen).  
Need another full-time Physician  
recruit professional staff with a desire to retain said staff, marketing, staff and fully open satellite clinics as required by CHC grant funding, stabilize staffing in outlying clinics, be available to the public

**5. What services or ways of doing business should Tillamook County Health Department stop doing?**

None that I am aware of

The only thing that comes to mind at this time is that the WIC program should require that participants to attend educational classes prior to receiving vouchers for food (specifically how to use and prepare certain products and to provide nutritious/low cost meals for their families). If the parent chooses not to participate, the health dept. should have the authority to refuse

get rid of perception of free clinic, stop pain management if any providers are still doing that  
In this era of everything must be fiscally driven all programs must be looked at that are 'bringing in money' first then those that are in place that are protecting the communities safety; CD for example. Spinning programs off to other agencies is often a good idea in Public Health, as departments evolve and take-on new challenges to better meet the needs of its community.

I'm not sure that there are any programs we could stop doing. Need more staff buy-in. Stop turning people away due to lack of appointments.

None, if possible.

do not spend money on relocation of staff or consolidation buildings until there is sufficient funding - moving costs a great deal of money, and this expense will not enhance nor improve service to clients. move the focus away from self and back to the public.

#### **6. What feedback, if any, from community members can you share to help us choose priority goals for the next five years?**

Decreased waiting time for appointments.

From one of the nurses: South County should set certain days of service and not jump around in provision of care certain days one week and then changing the schedule to being open a totally different number of days the following week. The nurse said that this is very confusing for the patient. Personally, I have felt very invalidated by one provider's attitude toward my concern's. This individual does not seem interested or compassionate, and certainly doesn't seem to be very concerned about the issues that I have presented.

as job security decreases, so does insurance coverage and the greater our need for a community health center.

Keeping the assurances from #1 above in mind, how can you expect to continue to deliver services with less local tax dollars. Will public health have a place in the President's new health care plan, overall as it should? How will reducing or eliminating health care disparity change the FQHC's role? Will there be enough providers to meet all the demand in rural communities?

Keep financially secure. Figure out how to retain/recruit providers. (We know how, but County personnel office hinders ability).

The clinic is essential for community health and maintaining it is essential.

Focus on service, open scheduling to the advantage of the client, I am hearing that the numerous closed days/week equates unreliable service, "can't get in when I need to," or "no one is calling me back," all of this will result in clients seeking service elsewhere. We need to be available and open. Building a client base requires consistent hours, staffing and time.

#### **7. What do you think are the top three most important things that Tillamook County Health Department should focus on over the next five years to Year 2014?**

Increase productivity by providers - improves financial picture Decrease waiting time for

appointments - Less likely to have no shows Continue to provide quality providers

Top Quality Health care Recruitment and retention Community relations

1. Getting doctors and nurses who truly listen to their patients cares and concerns and who do thorough exams. 2. Hiring a social worker or counselor so that people could have chance to talk about their problems and or discuss ways to adjust and deal with a recent diagnosis. 3. Provide someone to answer health concerns by telephone after regular business hours.

1)divest CHC from public health!2)establish a 501 3 c (non profit) public health clinic3)already thats a big order i guess #3 is blank

Maintaining a stronger and stronger collaborative partnership with key community stakeholders regarding all matters of the public's well-being in Tillamook County and keeping that role very 'high-profile'. Improving or creating a 'state of the art' Health Department Web site as a way of info sharing. "Staying in the Game" making sure that the public can't live without a viable, functioning, information sharing, 'in-your-face health department that is ready to serve them when needed.

Finances. Providers. County relations.

Maintaining the clinic. Seeking new financial resources. Hiring another Physician. service to the public stabilize professional staff financial cost containment

### **8. What do you see as the one greatest challenge to Tillamook County Health Department achieving success in the next five years?**

Budget and funding

Financial stability

LACK OF MONEY

being part of Tillamook county under the county commissioners and treasure and all that is entailed by the county connection. they do not get our place. they only see us as a drain on the budget, no respect is given, we are treated like the proverbial red headed step child. they forget we are the only income producing department and that our professionals need to be treated as such.

Having a plan that everyone knows, understands and buys into! The plan must be a road map that uses words that are understandable by everyone and isn't so long and lofty that no one reads it (like others I've seen). Everyone needs to have a yearly performance evaluation that relates to some part of the plan and includes at least one educational goal for self-improvement. Disease prevention education is the future. Clean water, flooding is a huge coastal problem.

Finances. Providers. County relations.

financial stability

### **9. What can you personally bring to help achieve the new five-year strategic plan?**

An objective approach and personal experience with productivity issues

As a member of the health council provide direction and purpose to the five-year strategic plan.

The ability to listen objectively to community members' concerns and to bring back and relate those concerns and my observations back to the health department.

energy

A strong public health back round and nursing focus

At times I feel very inadequate in the role I play. I only hope that my good common sense, long history with the Department, and my passion for patient advocacy can make a difference.

My experience in delivering care to local residents.

best answered when the new directions are unveiled problem solving efforts, an understanding of how to run a business - cost containment efforts, a willingness to help.

### **10. What do you need in order to work successfully on a five-year strategic plan?**

#### **Choose and explain all that apply:**

new skills - not sure steps to achieve the plan - not sure how to report progress - Present method appears satisfactory know what your role is - Health Council Member

new skills - Confidence at speaking out know what your role is - Would like to work on a specific committee dealing with issues relating to patient concerns other - Talking and working in small groups makes it easier for me to participate

new skills - More confidence to feel comfortable expressing opinions. steps to achieve the plan - Buy in from County would be nice. how to report progress - Summaries after, a way to regularly check on progress of action plans. know what your role is - In day to day things the Health Council seems to have little regard, then there are times we are reminded how important our role is and how responsible we are to keep the Department in Compliance. Someday I would like to have an overview (not just what our by-laws say) of how and what, we are to do and some help in how to do it. other - A great facilitator, which is what we will have.

other - More information on how to improve the financial situation

new skills - I need a deeper understanding of cost reimbursement, etc steps to achieve the plan - understanding of the hierarchy - who direct who how to report progress - an understanding of agreement as to what is considered "measurable" or an accepted method of measurement know what your role is - need to understand the current grant, its requirements, current goals, timeframe to accomplish those, progress made to date, etc other - what other funding sources have been tried, what the county's role is, what is happening to state funding, are other counties stepping away from the provision of mandated services - what is the result?

### **TILLAMOOK COUNTY HEALTH DEPARTMENT STAFF SURVEY 2-5-09** **(35 surveys completed of 41 emails sent) (85%)**

#### **1. What do you perceive is the core purpose (reason to exist) of the public health component of Tillamook County Health Department?**

To protect and foster the good health of all people of Tillamook County  
To help the less fortunate get quality health care

I think that it is to help all people whether you are rich or poor.  
To provide public awareness in regards to public health issues, to promote safety of general public, to improve quality of life and outcomes related to public health issues.  
Work toward prevention of disease; serve health needs of all people in Tillamook County.  
safety net for the county  
To provide services to the community which will benefit the public's health as a whole, and includes immunizations, education and information, and other resources  
The Public Health portion of the Tillamook Health department is there so that low income families can get proper information and children get a healthy start.  
Public safety (restaurants, CD, Birth control, Emergency Preparedness  
Public health care is critical in counties like ours where jobs are few and health care benefits are fewer. Given the existing economy and the difficulties all areas are having financially the HD is a critical source of basic health care.  
To monitor to environmental and medical health of the county; in conjunction with the state when appropriate; to educate county residents.  
To keep the community aware and advised of public health issues and to provide support and information for those with newly diagnosed or chronic infectious diseases.  
to provide healthcare to the underinsured  
new skills - learn to speak Spanish. steps to achieve the plan - would like a free course offered through clinic how to report progress - with personal communication know what your role is - would no longer need interpreters  
To provide quality health care in Tillamook county  
This clinic is the last resort for the citizens of Tillamook County. This is why we are a FQHC, to be here to provide assistance to ALL people of Tillamook County.  
To protect the health of all people of Tillamook County and also people visiting the County provide quality health care to members of community  
To prevent communicable disease and stop the spread. To inspect public places and events and drinking water systems.  
Emergency Preparedness and Communicable Disease Control for Tillamook County  
Primary Prevention which consists of activities that prevent disease from occurring. Example: Maintain up-to-date immunizations, protecting water and food supplies, eliminating tobacco products, maintain an environment free of chemical, biological and physical hazards, practice healthy nutrition.  
Provide preventive & health care services with emphasis on underserved pop.  
Protection of the population from preventable illness and disease.  
To provide medical services to all people of all classes.  
It serves the public in areas that the private sector cannot. It provides state mandated services to be the safety net for the people of the community. to give the best health care to all.  
To take care and protect the health of all Tillamook County residents.  
i know they visit the schools and update immies and they visit high risk children. i think there is another form of clients in the elderly population. we could be out visiting them and helping with meds,baths,blood draws etc.  
To provide education and illness mitigation to the public.  
To provide medical services for the entire county, insured and uninsured.  
PH should be involved with epidemic's, natural disasters, monitoring outcomes etc. I am not all that informed about what their purpose is.

Provide services for all of Tillamook County in the ways of response to county emergencies, disease outbreak, disease prevention with immunizations and well child visits, home visits, care for moms and babies, outreach and education for all public health issues.

To address and implement the core functions of public health as identified by the American Public Health Association and the U.S.P.H.S. Centers for Disease Control.

Health promotion and safety

To address the public health issues of Tillamook County and to accomplish this within the State mandated public health guidelines.

## **2. What do you perceive is the core purpose (reason to exist) of the Tillamook County Health Department's Community Health Center Clinical Program?**

Provide clinical medical services to those most vulnerable in our communities - those without the resources or with limited resources. Provide a major component of the

I am new and not sure what that is.

The same as number one. To help people whether or not they are rich or poor.

to provide health prevention and promotion, to foster better health for patients, to improve health related outcomes, to inform patients and provide information in regards to health decisions.

Meet the medical needs of anyone in Tillamook County independent of persons gender orientation, ethnicity, ability to pay for services.

to serve patients in tillamook county

To meet the medical and health-related needs of the community, especially for low income and needy people

The reason the clinical side of the Tillamook health department is so that low income families can get proper and affordable health care.

To have access for patients of Tillamook County to receive the best possible health care.

continuous health care for indigent residents. availability for confidential teen issues to fill the gap for those citizens with no insurance who can't access a primary dr. to provide immunization to indigent pop esp children. to provide assistance to new mom's & babies thus insuring a good start in life for infants and new families.

To ensure that affordable, reliable health care is available to ALL county residents regardless of income, insurance, race ...

To make available medical care and services for the community no matter what their financial status is.

To make available medical care and services for the community no matter what their financial status is.

To provide health care to our community that cannot afford it.

Primary care.

To provide quality health care in Tillamook county specifically to those who are underserved. ie. without insurance etc.

This clinic is the last resort for the citizens of Tillamook County. This is why we are a FQHC, to be here to provide assistance to ALL people of Tillamook County.

To provide the best possible healthcare for all people of Tillamook County.

as above

To provide health care to underinsured, non insured and others that can't get medical care at other places.

General Medical Care for the citizens of Tillamook County.  
Primary Prevention, secondary prevention (detecting disease before symptoms are recognized) and tertiary prevention (treatment of illness).  
Provide preventive & health care services with emphasis on underserved pop.  
Access to health care for all segments of the population.  
To provide services outside the clinic. Such as, home visits, immunizations and just keeping in touch with families to see how they are doing.  
To serve people who for whatever reason have barriers to healthcare  
good health care to all. to keep the community safe and be there for their needs  
Without the Health Dept. many indigent and low income patients will not receive good quality health care.  
i don't know anything about this or what it does  
To provide health care to a rural community.  
To manage community diseases and public health issues  
To take care of the health needs of residents of Tillamook County that do not have a medical home of their own due to lack of insurance or because they have Medicaid. TO be able to see a provider and have a 20.00 balance to pay is phenomenal in this day and age. I don't think the patient's realize how fortunate they are in that respect. Granted, trying to collect that 20.00 can sometimes be very difficult as their idea of what is important in their daily lives is not the same as what we think is important.  
Provide medical services to people living in Tillamook County  
Basic primary care availability, accessibility, and acceptability for all citizens of Tillamook County is essential to meet both preventive, emergent, and long-term needs of all residents. The assurance of such primary care availability is also within the purview--the core functions--of the public health component to the health department's integration of these two functions.  
Provide needed health services to anyone who needs assistance or health care.  
To provide a medical service to anyone seeking it.

### **3. What do you think Tillamook County Health Department is doing very well?**

providing healthcare for people that will probably never have insurance.  
I think Family planning program is working ok.  
Language interpretation available for languages through interpreters and language line, sliding scale for pts with income difficulties, Electronic Medical record system in place, watching budget closely  
Our scheduling people do a good job of trying to schedule appointments in a timely manner, triaging needs. We are doing a good job of keeping kids up to date on immunizations.  
budgeting, networking in general and doing the job of 3 people  
Providing services and meeting the needs of the community in a friendly and professional manner.  
The health department as a whole is doing as well as it could for the low amount of staff and financial crises we are still able to offer good health care.  
Providing birth control to teens  
Home visit program is excellent. They care in So county is excellent, but not consistent.  
Moving forward with the times, implementing new and modern practices, such as EMR.  
Networking and budgeting.

Budgeting and working together to ensure the success of our clinic.

Networking. Budgeting.

Yes, I believe that more incentives to keep their providers would be beneficial it seems that they do not stay very long

The clinic staff is persevering through the adversity that administration staff is and has been imposing on them. The clinic staff is what is keeping TCHD's doors open.

Not very much at this time.

providing services to underserved.

I don't think it is doing anything very well.

Quality Caring Providers at a Economy Price.

Lots of things.

Immunization

Immunizations

I think that the new signs are a good idea. I know that this sounds bad, but that is about it.

Everything. We all work hard to serve our clientele.

keeping the morale of the staff at a all time low. taking care of the public as best we can while feeling we are not appreciated, or valued for what we do

For having been cut staff to the bare minimum, I think we are doing an excellent job with patient care.

not much, nurses don't have the time to teach patients or document things that are required. they are getting behind. front desk is always under pressure and they are making mistakes. we are always having to break in new providers and that puts pressure on the other providers. the north and south clinics NEED to be open full time. i think referrals are being done in a timely fashion. Offering services that other county medical clinics do not have access to (immunizations, birth control for teens).

Taking care of family planning services for the rank and file. Keeping everyone up on their immunizations. Home visits to our newborns and mom's. Home visits to our physically challenged children that have multiple problems. Providing primary care services in a timely and professional manner.

Provide needed medical care and services to people in need who are without funds or have limited finds. Major player in emergency preparedness planning for the county. Keep up to date with emerging trends by way of EMR.

Staffing seems friendly, competent, and representative of the community. The increasing diversity of the communities of Tillamook County might indicate a need to hire additional bilingual/culturally competent. Continuing current staff might meet this need.

Providing public health services to the community and businesses.

Keeping costs in check.

#### **4. What should Tillamook County Health Department improve?**

Walk-in service and urgent-type care

hiring more staff

Better service with the patients. We need to use the programs that we have.

Need better access for urgent appointments, need to have better employee recognition, need more front office and nursing support staff, Better access to North and South County clinics, Better provider recruitment, Collaboration with other clinics and the hospital in the community,

Need to have a bigger central clinic that can house admin and clinic staff and public health staff,  
Need to be able to perform Colposcopies for the community

A more stable provider basis would make it easier for access to services when needed faster. To have clinics No. and So. that are not consistent on hours they are open does not lend to continuity of care for people needing services.

working on getting full time providers in outlying clinics and ease the pressure of the overworked staff and boost moral

Communication and efficiency between staff/medical members

We need to improve our patient flow for when a provider is out sick or vacation we need a substitute to come in so that we do not reschedule appointments. Also we need to improve on our billing. We need to be harder on families bringing in a written proof of income for the sliding fee scale and not just taking a verbal amount.

relations with the treasurer's office and Personnel morale with staff

coverage in the No. & So clinics has got to be expanded and consistent. People feel abandoned. They cant' get to Tillamook and in many case they do not want to go there because of the way they are treated. Front staff in central county needs to improve their attitude. the Co commissioners need to get on board. The HD in all areas is TAKING CARE of the people who are running the farms and dairies that support this co.

1-NEVER, EVER, UNDER ANY SITUATION, TURN A TEEN AWAY WHO COMES IN FOR FAMILY PLANNING! No matter how busy the nurses are, don't let a teen leave the building without being seen by someone. 2-Be kinder to our clients and each other. 3-Jump on the band wagon and fight teen pregnancy by education, working with other community leaders, and schools. 4-Let's get communication going between departments. The right hand never knows what the left hand is doing!

Need to maintain satellite clinics with full time providers. Have a family planning or teen clinic in North Co. as we have in other two clinics. More insight to the morale of clinics employees as they are an important part of making the clinics function.

we need to find full time providers for our satellite clinics. so that there is consistency that you can count on.

communication between staff, solid guide lines.

Better outlined policies so there is little ambiguity and the patients expectations are not misled. Morale among staff sucks. Admin staff look down their noses at us over in the main building.

Sharon/Kathy L are snotty with us, don't speak to us, and have NO idea what we do over here.

We, as a group, have been open to being asked from Admin, Curtis, Sharon, Kathy L, what it is that we do over here, (ie our job duties, etc) so they can better understand our point of view.

Instead, it is perceived that they are the dictators and we had better follow along. As we are the staff that keeps everything running, don't you think it is important to treat us like humans and not sub-parr animals that do the grunt work.

The quality of service the patients are receiving. Short staffing makes for overworked employees which means the quality of care decreases.

stronger recruitment program of medical staff

Find ways to retain staff, increase salaries and training. Find ways to build relationships and alliances within the HD. Push advertisement to let people know we serve everyone. Work harder on collecting money from patients. Create a useful website. We need to be proactive and educational. We should spend more on preventing CD and teen pregnancy and weight control and disease prevention instead of treating after the fact. We need to be out there educating and setting examples- . How can an obese nurse talk to someone about diabetes? Start an in house exercise plan. Get a gynecologist on staff.

Better Communication and less grumbling.

Getting paid for services.

Nutrition services

Communication with patients. Especially in the area of billing.

One of our problems is getting providers and keeping them. We are going through them and some of our patients are upset about this. Also, I would like to bring up communications. YOU will see that the managers are all caught up on what is going on, but the rest of the staff will not get any information until our monthly meeting. We should get some information in another way if it is going to be something that is affecting us.

Productivity and morale. People need to do their jobs without look at what everyone else is doing. We need to Know that everyone is working hard and learn to appreciate each other we all need to communicate better whit each other. Like with the new charting and ordering what took 6 months to let us know what charges where not getting put in right. it is told to one person at a time maybe when something changes someone need to on monthly let everyone know the thing that are missed and what changes we need to fix them. not by email only this could be a handout at the monthly meeting or put in or boxes, sometime not everyone get to their email.

The fact that you constantly insist that there always be 3 check-in staff at registration and one check-out staff, but NEVER provide that staff. As of today there is only ONE check-in staff and one check-out staff. Patients have to stand in line for 10-15 minutes just to get checked in because for SOME REASON THERE NOW HAS TO BE 3 PEOPLE IN MEDICAL RECORDS. They sit back there gossiping and laughing all day, while the registration person is overwhelmed trying to check everyone in. Now, what's wrong with this picture??

get the north and south clinics open full time with a provided that will stay

One suggestion would be to offer a primary care drop in clinic that operates after hours and on weekends. The only other option for residents of Tillamook County is the ER, Lincoln City, or Seaside. 2-TCHD should further attempts to staff the south and north county clinics. 3- Staff morale. (see below).

They need more providers at all of the clinics. Part time providers to cover when regular staff are out ill or on vacation... this would really help.

Try to maintain providers on a long term basis. That would mean better recruiting and not settling for someone just because we need to. For our satellite clinics we need long term providers who are there every day in order to make the clinic's work to their fullest capacity otherwise they are money losers and all services should be pulled back to the central office and close them. If we can't keep schedules full why expend the manpower and money to keep the door open.

Recruitment and retainment of staff. Better wages and benefits so that providers want to stay.

Consistent hours of services in all clinics. More outreach. Better billing practices, being consistent.

Broader-based community involvement in planning and designing the local health care system might be appropriate...more non-"professionals." The public health component of the Department needs long-term, stable funding to better address the core functions, particularly in chronic disease prevention. The FQHC probably needs additional FTE's committed to support those with diagnosed chronic disease deal with prevention and maintenance issues. Particular emphasis needs to be given to a population-based approach to prevention for the entire clinic population. In addition, probably more intensive collaboration needs to take place with other primary care, mental health, and child-health and social health organizations in the county. As part of its mission the Health Department needs to be more fully the health planning agency for the county with a strong commitment to involve the communities of the county in the process. Community outreach, consistent clinic services  
Find a way to increase provider productivity.

**5. What services or ways of doing business should Tillamook County Health Department stop doing?**

None that I know of.

if a patient comes in for one reason they should not be able to be seen for multiple reasons.

We need to get rid of the Car Seat program.

We need all our services, primary care, WIC, family planning, immunizations, CD, home visits, etc., That is what Public Health is!

tip program and late night clinic and not fair that only 2 people have to always work late night,it should be rotated for everyone or better yet stopped all together

nothing

We need to stop giving the sliding fees to families that are not bringing in written proof of income, and also patients with private insurance need to pay copayments at time of service or they reschedule to another day.

Administration needs to know what everyone does before they start making decisions on everyone's behalf

Services none. Ways of doing business, I find the way inventory is being done very annoying.

We Family planning meds available at all time and moving them from clinic to clinic to cover bases is a waste of time and it often means you you don't have something available when you need it.

Stop putting \$\$\$ as priority #1! Focus on our clients first. Without them, it's pointless.

TIP program, Not purchase any further employee uniforms so that the money spent on them can be put for supplies and birth control.

the TIP program and late night clinics.that were meant for the working,but thats not who the appts are given to.not fair to the providers or office staff to stay late.and it is not fair that the same few staff members are the only ones staying late.

TIP program.

Advertising budget is worthless, waste of money! The 'incentive' for this survey is a waste of money, if we are so strapped why throw the money away! Huge signs is also a waste of money. Here you are telling us staff that we are so strapped that we can't afford to get basic supplies, when you are the ones throwing the money out the window.

Primary care.....at this time the clinic should be an urgent care or walk in clinic, the primary care patients do not get the quality of care they deserve

unknown

Pediatrician services don't seem to pay for themselves. It still seems the way we collect money is a little antiquated.

The Health Department should STOP seeing patients that refuse to pay their bills.

Stop doing things that are waste full. Like empty clinics that service no one.

Due to our financial constraints and difficulty in retaining providers, we should not have three locations for primary care.

I think that South County Health Department is a waste of money. It s only open with a provider two days a week. It is not worth the time and effort to pay for this service. I think that they should either bring it up to 4 days a week, or close it down for good.

Nothing the N and S county clinics maybe need to close if we cant get providers

someone that is medical should be doing same day schedules and triage. work flow is not working the very best here. if you want providers to see more people this needs to be fixed. person makes apt. fro fallow up (er, lab, specialist, ect) this should be ready for the apt. time, not who knows where or not even asked for yet. If it is not in the computer then the hard copy should be at check in to go with person to room so the provider does not have to wait for it.having to go room to room looking for supplies slows us down. there a a lot more of this type of stuff that if fix would improve our care speed us up and have time to see more people.

They should stop being open passed 5:00pm. When TCHD originally agreed to stay open two nights a week it was ONLY for working patients that could not take time off from work during the day. It was NOT supposed to be for patients that do not work and could come during the day. However, that IS NOT HAPPENING. We are wasting money on high paid staff to stay after 5pm to see patients that could come during the day. IT IS NOT COST EFFECTIVE AND WE DO NOT MAKE ANY MONEY ON THOSE EVENING APPOINTMENTS.

there should be a strict no show policy

People need to prove they are low income. How much do you make doesn't always cover their financial situation. Do they pay rent/mortgage etc.

Stop staffing 2 satellite clinics if they can't be used to the fullest of their capability. No revenue is being generated to help

Anything that diminishes its ability to meet specific, measurable objectives to fullfill core functions in public health and to manage a lean, well-run federally qualified health center system.

Not providing services at satellite clinics on routine basis.

Title X family planning should be stopped if possible.

## **6. What feedback, if any, from community members can you share to help us choose priority goals for the next five years?**

Many community members with insurance and ability to pay do not realize that they can also seek services at TCHD. Many also believe that they can seek services at no charge whatsoever for the services.

I have heard great things about Dr. Betlinsky. Maybe looking for people more like him.

We need to start thinking about the patients that are not able to pay for their visits. Maybe we should help those people more.

People aren't aware that we take private insurance, not always aware of sliding scale fees, not always aware of what current providers are available to see, Not always aware that we have three

clinics.

keeping cloverdale and rockaway open full time  
have not received any

I hear a lot that the people in North and South County say they are unsatisfied that the clinics are not up and running 5 days a week with a provider there at least 4 days.

So county clients want to Jacqui come back even if its only one day a mo. She speaks spanish, she can see from new born to the elderly, she never turns anyone away, she does family planning IUDs. " I am older and I can't drive to Tillamook, Cloverdale has been a Godsend." You needs to open at least 4 days a week and by open, I mean having someone present in the building.

Presently getting rxs referral and lab results is taking way to lon because no one is present in so county on a regular basis. Having the nurses com to my home to give shots is a blessing. Trying to haul 4 kids into a clinic for shots is awful.

Clients are frustrated with the steady change of providers and their schedules in the main office and satellite clinics.

In North county, concerns about not knowing when the Rockaway clinic will be open and who the provider will be. They want continuity of care with the same provider and not establish with one that is only temporary.

the biggest complaint is the turn over in providers and no one in the satellite clinics

Consistency in Satellite clinics.

patients "community" members are tired of not having calls to schedule appointments returned, test results not given in a timely manner if at all, feeling ignored.

unknown

The HD still has a stigma as being a place for only poor people to come.

All patients need to be asked to pay their bill at time of service no matter what language they speak.

Most community members I take to are most worried about keeping their jobs right now.

Organize our billing procedures and build our provider base so that we have enough appointments available for our patients.

1. Getting providers in our clinic and keeping them. 2. Picking up the moral of our staff as it is really negative. We all have a job to do, but it is nice to hear some positive instead of just negative all the time. We are getting complaints of about our patients about the negativity. 3. Getting the word out that we treat patients of all classes. This is not for just low class patients, it is also a service for people with insurance.

???

people in the outer community are feeling forgotten and angry. They feel abandoned by us!

Keep providers -- patients are tired of always having to change to another new provider.

none i don't go out into the community

More providers so that peoples needs are met on a daily basis.

Making sure that patients are called back in a timely manner for lab work, appointments. Having providers available in all clinics, all days.

I can give no specific quotes other than that people expect competence and quality of care from providers in the area. Dr. Paul Betlinski has often been noted to me for his compassion and concern for their welfare. This past week I met one gentleman who expressed appreciation for how Paul had encouraged him when he was dealing with a meth addiction, from which this gentleman has been free five years.

Keep the satellite clinics open and providing services. Continue to be an active community partner for promotion of wellness and response to emergencies. Unfortunately, some members of the community still see us as the poor clinic and many still think we are free. Because of the bashing in the press and from other county departments, the Health Department is still struggling with their image within the community.

**7. What do you think are the top three most important things that Tillamook County Health Department should focus on over the next five years to Year 2014?**

1. Recruitment of experienced medical providers. 2. Marketing and image change. 3. Same-day services for eligible patients.

Treating employees well, keeping up on things we need, having someone at the front at all times, Family Planning, Patient assistance, assistance to low income families.

1. Maintaining and improving financial stability 2. Improving Employee Morale 3. Improving access to care in all three clinic sites

Continue to provide solid number of providers to cover all 3 clinics so that people can depend on appointments being available when they're needed.

providers and staff to see the growing population of tillamook county

Gaining stability

Most important is to still provide good health care. We need a new way for collecting payments from out patients and less bills going to the collection company were we don't get 100% of the bill. We desperately need the moral of the employees to be higher, friendlier to each other and welcoming to the patients.

Retention of providers Financial viability Staff morale

Building and maintaining provider staff. Keeping the satellite cl open. Obtain a competent grant writer

1-Hire more clinicians and give them the incentive to stay. 2-Retrain all support staff so each employee knows and does their job correctly. 2-Formal training of new employees (training manuals?) so that they are taught everything they need to know within their job descriptions, not just how to use EMR.

Full time providers in all clinics. 2 Improve morale 3 Having adequate supplies to keep the clinic functioning and not have to send patients to other clinics due to supply shortage.

maintaining our satellite clinics with a full time provider and normal business hours. work on company moral. get more providers.

1)Maintaining current assets 2)Minimize future expansion 3)Reestablish relationship with community

obtaining more providers to meet the community needs. Drafting more defined policies on what patients accept ie. workmans comp, uninsured and find ways to treat these patients. Design better organized workplaces for the staff. Provide a more organized directory on how to contact people in the county and who to turn to with specific problems. Instead of the common I don't know... talk to so and so.

#1 priority is to start treating staff like we are equals, we all have a part in keeping this place going. Without non-medical staff this place would not be able to exist! Remember that! A happy staff will work wonders in morale, therefore makes productivity easier. Happy Staff is the answer to it all. If your staff is happy (which we are NOT now), anything is possible.

Improving quality of care Improving morale amongst the employees Looking for grant

opportunities to make these things happen

personnel recruitment and retention

Health Education, Increasing salaries & fees-staff retention, Team building.  
money

Educate the case managers, schedulers and front office employees on reminding patients to bring in their co-pay and follow through with stop seeing patients that choose not to pay.

I would focus on preventative care and look at "Healthy People 2010" standards. Focusing on things that prevent disease. Prevention is cheaper than treatment.

Preventive services Immunization Primary Care

1) Develop a mission -shared and understood by all 2) Make our systems work more efficiently, many staff members do not understand how to use EMR. 3) Recruit and retain a stable group of providers who are dedicated to serving poor and underserved patients.

1. Advertising about what services we have and can provide and for whom. 2. Getting providers with long time goals on staying with the clinic. 3. Cleaning up South County clinic site to be more presentable as a health clinic. As it looks now, it is dirty and looks unsanitary.

Getting the Main clinic in order. recruiting and maintaining physicians. Dealing with staffing issues that are taking away from staffs morale and creating inefficiency

getting back to being a caring place, not just for the people we see but everyone we work with also. keeping enough supplies in house to do good patient care. reopen satellite offices

1. Only be open Mon.-Frid., 8am to 5 pm. 2. Employ enough registration staff so patients do not have to stand in line forever to check-in. 3. The morale of staff is very low now due to the high work load and shortness of staff.

providers, providers, providers

1 - The way the community perceives the health department. 2- Customer service and friendly staff. 3-

More providers to cover staff on vacation/ill. Providers at all clinics on a regular basis. Improve the community's knowledge that the clinics are not only for low income patients.

Improving primary care services for geriatrics which could require hiring an internist with a specialty in geriatrics. More people will be going on Medicare soon and that is a segment we don't see a lot of. It would be good mix with the kids, teens and young adults. However, Medicare age clients like to see their own physician on a regular basis. Not whomever is available. That is a problem in that we can't retain providers very long. Recruiting an internist and another primary care physician. Attract a stable patient base so that income generated from that base will be able to allow us to have a complete staff to support that base.

Provider recruitment and retainment. Stable funding sources Hire a grant writer.

1. Creating a community as fully engaged in creating a "wellness" oriented health care system. This can help generate the political and social will to provide support for both prevention and excellence in primary care. 2. Mental health and addiction prevention. 3. Supporting education for health patient by patient and for the communities/populations of the county.

Promotion of outreach and collaborative partnerships to educate the community as to what the Health Dept. can do and by doing this, increase service delivery. Keep Public Health functions strong by being proactive in meeting the needs of the community.

Financial stability Provider retention Working together (everyone) as a team

**8. What do you see as the one greatest challenge to Tillamook County Health Department achieving success in the next five years?**

Tillamook County Government

budget

We need to work the same. Meaning that we need to communicate more to make the best choices.

We are struggling financially which always seems to be at the core of everything.

On going budget problems.

money, patient and keeping fulltime providers

Maintaining a client/patient base that will cover all our financial needs

The economy is falling down to a low and people don't see the doctor bills as a priority of living expenses and will end up not being able to pay our fees and collections will get harder.

The perception that administration doesn't trust them

Financial stability. maintaining and expanding the present programs.

Employing providers and keeping them here. With permanent providers our patient load will increase as well as, hopefully, our income.

Maintaining all three clinics with full time providers. Continuing to function within the budget without any layoffs. Regain trust in community

budgeting cuts, maintaining the trust of our patients. and finding good providers that will be in it for the long run.

1)Economy 2)securing personnel

The lack of space and lack of organization.

Sharon Williams/Kathy L, they have NO idea how this clinic runs. All they look at is the bottom line and removes things we need to do our job, making it harder for us to complete our jobs effectively.

Financial stability

financial resources

Over coming the Health Department image of a FREE CLINIC.

Funding and the lack of creativity (ability to change) that comes with government run organizations.

\$\$\$

To develop a mission that we all understand and work toward.

I think that it would be the one about providing care to all classes. We have been known for so long and the low income clinic, it will be difficult to get the word out that we are not only that.

Lack of providers

keeping staff reopening satellite offices more teaching of the patient on self care we need time to educate. better communication by all!!!

Collections of patients fees. It is getting harder and harder to collect payments from patients. getting the commissioners to understand the value of providers and paying them accordingly  
Economy.

Finances to support staff. Community not able to pay for services.

The greatest challenge is always finances. Without the finances the business can't support staffing, etc. Expansion is impossible as well as training staff, etc.

Lack of support from the courthouse. Stable funding sources.

Money and appropriate staffing/training/resources of enthusiasm and competence to attract both community support and external funding

Lack of understanding and appreciation by the Commissioners and public as to the important services the Health Department provides. How this lack of support and understanding leads to diminished services and lack of health promotion in a County with significant, long term public health issues. ie. high use of drugs and alcohol, poverty, lack of health care due to limited providers and lack of financial supports or insurance, and an aging population  
Financial stability

**9. What can you personally bring to help achieve the new five-year strategic plan?**

Do my job to the best of my ability and look for ways that we can be more productivity and efficient.

work hard and make the environment enjoyable.

I work hard and work together with everyone.

Positive attitude

retired ;-D

i plan to retire before 5 years

Computer and technology knowledge and the willingness/ability to help others, good interpersonal skills with coworkers and the public

By having already many years of dedication to the department and bringing many more years to come.

I'll keep doing what I do and thats provide nursing care.

Experience in other medical clinics. I see where some things could be improved upon, if I was asked for my input. I'd be willing to help, as needed, if given the opportunity and allowed the time.

Give the best care possible to our patients. Help build trust that they know someone is watching over their care.

I am willing ride out the bad times with an optimistic outlook and continue to work together as a team member to improve the work flow without waste.

Nothing now , I'm sorry.

Observe areas where communication breaks down and try remedy it.

Curtis, why don't you come over here and talk to us and find out just how we can help this clinic.

Talk to us, like you have been promising (and haven't followed through with) and find out what we actually do. I think you would be floored to find out just how much we do that you have NO idea about.

Continue to do my job to the best of my ability

teamwork

Provide more education to friends, the public about the HD. Look at streamlining/improving procedures within my job.

I could train front office staff, Case Managers and schedulers on collections.

Fresh ideas and creativity. Hardwork, smarts and dedication.

Pediatric expertise

A strong sense of responsibility to the most vulnerable in our community.

I am not sure what I can do personally, but advertising, including the paper, phone book stating that we accept Insurance as well as low income families.

help to teach people. work with good cheer and try to get everything done in the time I have.

willingness to learn anything new

25 years of medical experience.

i don't know

Learn more about the systems I am using now.

Experience.

Actively participate in all planning meetings. Use creative ways to engage community members.

An ability to learn and advocate for public health across a broad range of interests.

Professionalism, pride in my work, enthusiasm, perseverance to keep promoting the services the HD is capable of providing, years of experience, vision for the future

The willingness to be a team player and do what I can do to see that the Health Department survives.

**10. What do you need in order to work successfully on a five-year strategic plan? Choose and explain all that apply:**

**New skills:**

further training with emr which is always changing; Ongoing training to keep my skills sharp and knowledge base current

teaching more employees spanish , Learn Spanish, learn to speak Spanish; finish my Bachelor Degree and take Spanish classes

can we afford it

always- training, education; current training ; training in any new skill ;Always willing to learn new skills

Additional training is critical; continued training if necessary

1. Enhanced skills in the language of addictions and chronic disease 2. Enhanced ability to help integrate FQHC and Public Health "core functions" to address community health education/transformation needs. 3. Increased skills at creating community/education programs using digital media.

EPIC skills

**Steps to Achieve the Plan**

communication

more training to upgrade current skills; Budget to maintain those trainings

bug rhonda every 5 min,who has been very helpful

Time set aside to eather taking a class or learning online; Classes taught here at the clinic, like in the past; would like a free course offered through clinic

be part of a decision

to feel better about this place overall

take classes;get time for training

Advertising

Hire more staff.

This ties into "know what your role is"

Steps need to be well defined.

Keep reading and listening. Set both personal objectives and help the Department as asked set objectives.

Attend trainings, participate with community partners

Cooperation of all departments and personnel

### **How to Report Progress**

to my supervisor , ask Rhonda  
you would see the progress as the person works with the patient, By increasing independence from needing translator; with personal communication  
pass all classes  
We have a way of keeping track of this through the billing department  
yearly audits; tracking sheets  
report to manger and if need explain to skill to whole staff  
Know what measurements are to be used to gauge progress.  
Measure progress against objectives set.  
Communication on a regular basis with management and program officials at the State level  
Build committees (teams) to coordinate the effort

### **Know what your role is**

yes, know your job  
to make the hispanic families feel welcome and taken care of; would no longer need interpreters  
To take advantage of opportunity and use it to assist patients.  
I would like to know what my role is in the 5 yr strategic plan.  
Better communication with the administration; help to set up policy for role or at lest go over the policy  
I know what my role is, but because of shortage of staff I am not able to fulfill the role that I was hired for.  
this would help  
It is very important to know what you are expected to do and how you are to go about doing it  
support the group and give opinions when asked  
My role is as an interested semi-outsider, committed to public health and this county as long as needed/funded.  
nothing at this time, but expect guidance from management  
Everyone has a role and it needs to be defined

### **Other**

a more positive work environment for and by all  
I need to have a work space where I can spread out and provide confidentiality. Moving ten people and all of their equipment, phones, computers etc and stuffing us into the main clinic is a very poor decision.  
Am I allowed to give suggestions, and are my suggestions taken into consideration?  
Morale and respect from Admin; better communication by all  
positive learning environment and good management  
Keep staff always informed.  
Improve staff morale - very important. Working in a very busy environment can be very stressful. It is important that staff and managers work towards keeping a friendly and positive place to work.  
I have never seen anything that was discussed at strategic planning come to fruition so I wouldn't know how to report anything or steps to achieve it.  
Money and a long life to meet goals and objectives.

## **TILLAMOOK COUNTY COMMUNITY LEADER SURVEY 2/5/09**

**15 responses of 52 sent (29%)**

### **1. What do you perceive is the core purpose (reason to exist) of the public health component of Tillamook County Health Department?**

Environmental Health Family Planning/Family Health Disease Prevention & Epidemiology Health Education & Awareness

The core purpose is to respond to the health needs of Tillamook County.

Seamless provision of health service to all citizens, regardless of ability to pay.

To protect the health and well being of the people of tillamook county

Provide free or reduced cost health care to those who cannot afford health coverage.

To provide leadership for health in Tillamook County. This includes providing public awareness on health issues in the county, health alerts, health education and provide care of those without insurance.

to meet the healthcare needs of our community with effective compassionate care to ensure health and safety

Provide mandated services should be the core mission

Provide needed health services to the needy of all ages (including students) in Tillamook county

I believe that the simplest way to describe the mission of the Public Health component is to say that it exists to protect the County's population from harm.

provide services to tillamook county that are focused on health (environmental, food service, human body physical).

TO provide the public's health services of prevention through partnership, education where needed and coordinated responses to address weaknesses or failures of Prevention and Education.

contagious disease prevention

The Core purpose of the Public Health component is to provide mandated services required by the State & Federal laws.

To provide the statutory requirements of public health as outlined by the State of Oregon within the funding parameters provided by the State

### **2. What do you perceive is the core purpose (reason to exist) of the Tillamook County Health Department's Community Health Center Clinical Program?**

To provide low or no cost medical services, dental clinic and/or dental vouchers, and case management for low income people living in Tillamook County in order to improve individual, family and community wellness.

Not sure if they have a specific role. I would assume that the purpose would be to provide immunizations as necessary to our community.

Seamless provision of health service to all citizens, regardless of ability to pay.

To serve the health needs of the people of Tillamook County and provide indigent population health services.

Provide free or reduced cost health coverage to disadvantaged families.

Assist with those you do not have a health care provider, put out health alerts, ongoing health education to the entire county.

To implement the highest standards of evidence based medicine  
Mandated services should be the basis reason to exist  
Provide needed health services to the needy of all ages (including students) at a venue that is accessible.  
The "Doctor's Office" part of TCHD exists to provide compassionate, high quality health care, focusing especially on the County's lower income population. It often provides care when no one else will do so.  
provide health services to those who cannot afford to pay. these services include dental and wish it would also include mental health.  
To provide primary health care services first to those who have no other choices, to citizens who can by choice choose these primary services.  
quality health care to all who need such care, regardless of financial abilities  
The Core purpose of the Clinical component is to provide mandated services required by the State & Federal laws for federally qualified health centers.  
To provide clinical services according to the guidelines and funding set forth in the grant

### **3. What is Tillamook County Health Department doing well?**

Building a strong infrastructure to maintain a sustainable community health center.  
They have a very hard working and committed staff. I sometimes feel their caseloads are too high which prevents them from being available for collaborative needs in the community.  
Beginning strategic planning by taking this survey  
I believe that the health department does both public health and clinical services well.  
Meeting the health needs of our low income families  
Out reach in South County, never hear about them doing much else.  
Public health, School Nursing and Dr B !  
It is one of three in the state that provide enlarged services to the community. It provides necessary medical care to many community members.  
I haven't been here long enough to know.  
I am a patient in the clinic on a regular basis. I believe that the entire clinical staff provide excellent services. I appreciate the fact that services can be provided in Spanish or with Spanish translation. I admire the fact that the clinic has not waived from its commitment to low income people, even in the face of very difficult financial situations. I also truly appreciate the fact that the clinic will also take a patient like me who is not particularly low income. I know less about what the public health side of the department does, but it seems to me that the monitoring, inspections, building plan reviews, and environmental work done is accomplished with very hard working and competent people, which serves us all.  
providing health services to those who are unable to pay or who have credit history issues.  
providing dental services to young children. providing outreach to non-english speakers.  
expanding services to all parts of the county.  
Not sure  
public education, teen health care, quality medical care in clinic, outreach to all populations  
Meeting the requirements of the state and federal laws and serving some of the unmet needs in our county.

The Tillamook County Health Department is dedicated to providing quality health care

services in the County

#### **4. What should Tillamook County Health Department improve?**

More focus on public health issues such as obesity and youth sexual health

Improve relationships with partners such as Tillamook County Hospital, local practitioners and multi-disciplinary groups all working on health needs in our community. Become a part of the annual Multi-Modular health screenings. It is amazing that Tillamook County Health Department is not present for that massive type of health screening.

Information and access. Integration with providers of a broad variety of health service

I believe the focus of the clinical services is too broad and the department does not engage the other medical providers in the county as well as they could.

Making the community aware of what they are accomplishing and the help they are providing. Be more visible in the community as a leader in health, creating public awareness on the issues that concern Tillamook County. Right now they are a silent factor in the County. If they didn't have so much bureaucracy that they have to go through it would be better. They need to stand on their own two feet and do what is right for the county. Give them their yearly budget and let them do their job. Research what other counties do to operate but they perception is they are held back by HR from getting the staff they need to do the job.

Recruitment and more importantly retention, to keep all sites fully staffed with continuity of care for the community.

It's financial management, although it's better than the previous few years.

Provide more services for children from birth to 18.

Actually, I myself am pretty well satisfied with status quo. I will say that the case management function is vitally important to the overall health of many of your patients, and it should be adequately supported and staffed always.

increase dental services. link up a mental health component to those folks who have substance abuse issues.

1. Quit attacking the County Government to whom you are dependant of which you are a part. 2. Improve your understanding of what is and is not confidential and what constitutes public information; 3. Collaborate

Outreach to schools, elderly, more public education on depression, preventative health care

Adequate funding to provide the services required.

The Health Department needs to improve its ability to provide services within fiscal constraints to make sure they remain viable

#### **5. What should Tillamook County Health Department add?**

Depends on resources and current requirements and priorities that are required by funding sources. One possibility: Developing new community partnership and resources. I think the additions of a pediatrician this year is excellent. I don't know of any other unmet needs.

Nothing, they are over extended now.

Unknown

Unbiased health promotion and look for opportunities for health awareness that address the issues of Tillamook County. I would barely know the Health Department was in this County if I didn't work I didn't work in health care. Their public image is almost none existent.

I think Dr Hesse has a great concept of implementing a marketing plan to further educate and recruit new patients, there is a community knowledge deficit in perception of what services are provided and to whom

Nothing

More outreach in South County. Solicit higher funding from the county.

I am out of touch with whether or not dental care for your patients who cannot pay is still desperately needed, as it pretty much always has been in the past. But, assuming that is still true, then the efforts should continue to try to find ways to better solve this problem. On another silly little subject, since the fish tank has been gone, why not ask places like the Pioneer Museum or the Latimer Quilt Center to at least occasionally put in small temporary exhibits in the waiting room?

mental health

A secure source of funding and/or better partnership skills

If money isn't a factor, a mobile van for "home health visits", especially for shut ins.

More partnerships with other health care providers like the hospital.

No new initiative should be started until the Health Department can financially support what is being done now

## **6. What should Tillamook County Health Department stop doing?**

Don't know.

Don't know of any.

I think all of the department's services are necessary

???

Tell us they don't have enough money for this and that. They need to clearly define their mission and then educate the community on what it is they do and do it well.

Grouping medical providers in with pay grade scales of other county employees, they need to be broken out into a separate category to allow flexibility and growth

It should take a good hard look at the array of services and eliminate those that are perhaps little used or at the bottom of the priority list

I haven't been in the county long enough to know.

I'd be OK if you stopped billing me. Seriously, though, folks, I don't know. Last time I checked, the various functions of the department were all very much needed in our communities.

i don't know

Complaining about things that you can't change and quit wasting time in the pursuit of things that are not going to change. Build relationships by being a part of something not by being apart. nothing

Can't think of anything

Services that may not be cost effective and/or reduce overhead costs

## **7. What do you think are the top three most important things that Tillamook County Health Department should focus on over the next five years to Year 2014?**

Financial stability. Staff/Physician retention. Determining most effective structure for public health and clinic operations.

-Collaboration with partners in Tillamook County on health needs. -Continue to provide pediatric services to families. -Work with the schools on providing their required mandatory health services.

Fully staff satellite clinics provide educational outreach provide early intervention and prevention

1. financial stability 2. engage the private medical providers to assist with the core mission of the department 3. Public education relating the mission of the department and the activities provided in an attempt to accomplish the mission.

Providing Low Income Health Coverage Educating the community on Health concerns

Becoming financially self sufficient

1. Public awareness for the health issues that plague Tillamook County, creating county wide health education programs including media blitz's ongoing all year. 2. Focus on Women and Children, birth control and immunizations. 3. Provide leadership with the hospital and Clinic's in the County to address the health needs.

Professional recruitment Retention Financial/funding

Financial management strategies Methods to cut costs Relationships with other care providers in the county

Providing additional services to children birth to 18. Forge partnerships with schools to access children. Improve services in south county.

1. Staying in existence. Times are tough. 2. Figuring out how to work with the new Obama administration to bring funding to support your services to this small rural area. 3. (Sorry, can't think of anything else.)

mental health, dental, prenatal care

1. Identify a secure source of regular and predictable funding; 2. Build better cooperative and coordinated relationships with the Hospital, community providers and Rx providers; 3.

Department management needs to forge better relations with the staff.

Teen health issues (STDs, pregnancy, alcohol and drugs, depression) Preventative health care (all ages) Outreach to elderly shut ins

Public health Inspections A secure and adequate funding source Partnerships with other Health Care providers like the hospital to share services and costs

The Health Department needs adequate providers to service the client base. The Health

Department needs to be financially viable. The Health Department needs to become a non-profit which will give them more flexibility in how they conduct business.

### **8. What do you see as the one greatest challenge to Tillamook County Health Department achieving success in the next five years?**

Financial stability

Sometimes in Tillamook County not everyone wants to partner.- I hope that the Health Department persists and keeps trying.

Finances

Maintaining competent and affordable medical staff

1. They get caught in the bureaucracy of the County and funding. The County has to establish what are their priorities and stick with it.

Retention of providers

Money; Funding; Funding; financial resources; Financial viability.

Money. The whole country, including government, is going to (apparently) remain in the dumper for at least another full year. Knowing Oregon, we'll stay at the rim of the dumper indefinitely.

Look for new money, suck up to the providers of current funding, keep things going as much as possible without cuts to staffing or vital services. I know that sounds damned near impossible, but you've got to try. You guys are the good guys. Don't give up. Ever.

funds

The economy and maintaining current service levels

### **9. How can Tillamook County Health Department work more effectively with your organization or department to address the county population's health care needs?**

Invite participation in Health Department endeavors that require community input, volunteers, or technical expertise outside of the expertise of the health department. Partner with other organizations that have shared goals in order to increase actual dollars and leveraged resources. Have more discussions about needs and develop an understanding of each others organization/agency.

complete needs assessment share results of needs assessment

Participation on the Commission on Children and Families and related projects.

???

Right now the HD is not the leader they should be in the County. We have major health concerns going on in this County and the HD should be taking the lead to work with other agencies, Clinic's, schools, business', striving to build a healthy Tillamook County.

Let me know if I may offer any insight or assistance in achieving your goals.

Create a strategic plan (which it is going to do) to give direction

Expand their presence in south county.

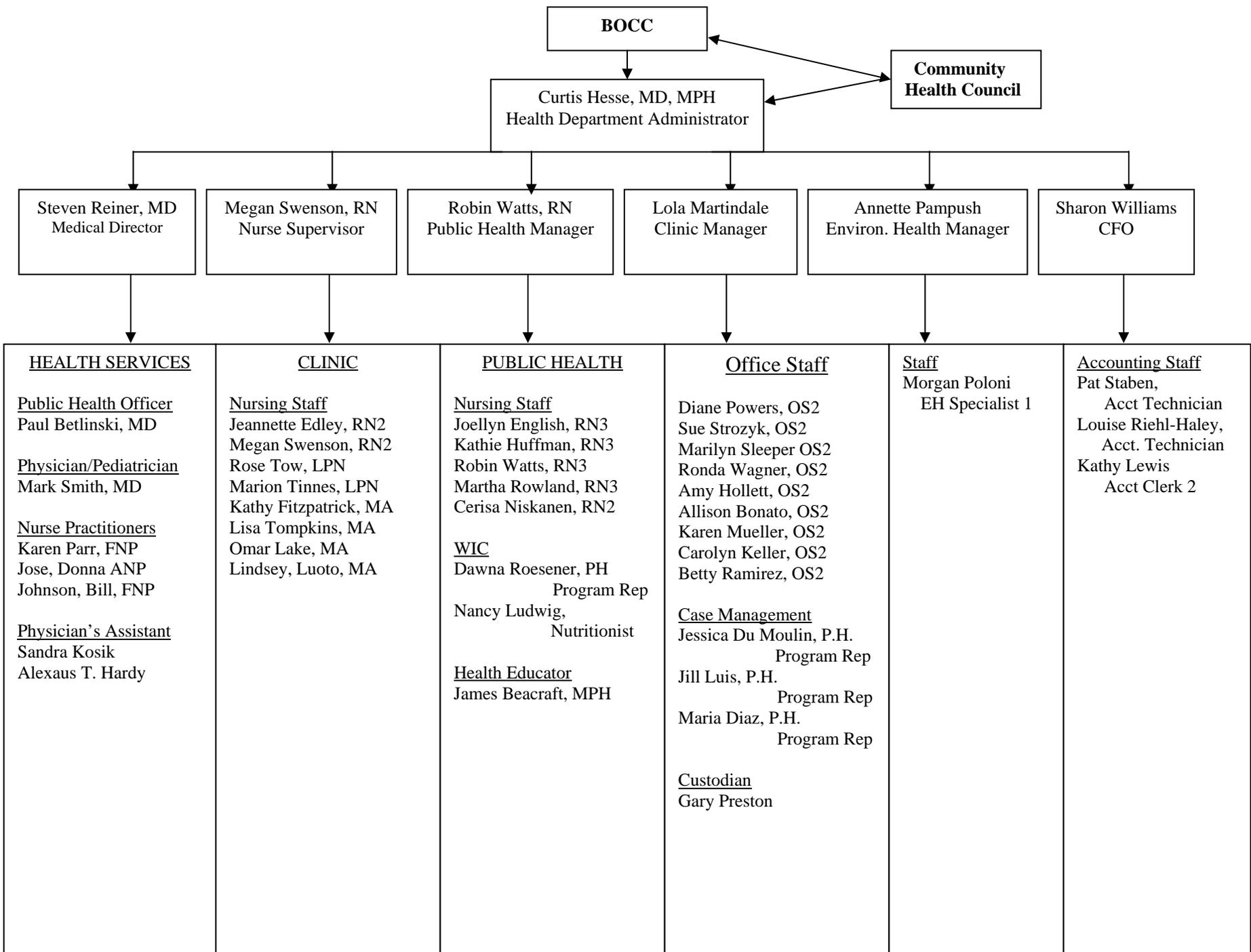
I think that TCHD and CARE have a great working relationship already. I am worried about the huge increase in demand for services to the poor that is currently starting to be seen by both of us. Our resources are insufficient to deal with 15% unemployment or a huge increase in evictions and foreclosures. I suspect you are also worried about your resources in the face of greater demand. So, let's pick ourselves up, dust ourselves off, and continue to help each other when we can.

You do a wonderful job -- the only thing i can suggest is for you billing and caseworkers to have a copy of our agreement so that they are in the know.

By finding the strength and determination to change what you can; the resolve to cooperate with and partner with that you cannot change; and, the wisdom and judgment to know the difference between the two.

We can provide a "forum" for public health information, such as brochures, posters, slide shows. We should explore more partnerships with the Hospital and share roles and responsibilities to help each other succeed.

Strong partnerships need to be developed among all of the Health Care Providers and Service areas in the County. All organizations need to be providing services in the most cost effective manner.



**EXHIBIT 1**  
**FINANCIAL ASSISTANCE AWARD**

State of Oregon Department of Human Services Public Health Services			Page 1 of 2
<b>1) Grantee</b> Name: Tillamook County Health Office		<b>2) Issue Date</b> December 29, 2008	<b>This Action</b> AMENDMENT FY2009
Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489		<b>3) Award Period</b> From July 1, 2008 Through June 30, 2009	
<b>4) DHS Public Health Funds Approved</b>			
<b>Program</b>	<b>Previous Award</b>	<b>Increase/ (Decrease)</b>	<b>Grant Award</b>
PE 01 State Support for Public Health	29,680	0	29,680
PE 08 Ryan White--Case Management	7,969	0	7,969
PE 08 Ryan White--Support Services	1,971	0	1,971
PE 11 STARS	1,955	0	1,955
PE 12 Bioterrorism - Preparedness / (July to August Eighth)	17,436	0	17,436 ( a ) ( b )
PE 12 Bioterrorism - Preparedness / Aug. 9th - June)	78,678	0	78,678 ( a )
PE 12 Bioterrorism - Pan Flu / (July to August Eighth)	3,732	0	3,732 ( a ) ( b )
PE 13 Tobacco Prevention & Education	56,650	(1,224)	55,426
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	109,361	0	109,361 c,d,h
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	47,580	0	47,580 ( e,f )
PE 41 Family Planning - High Cost Contraception FAMILY HEALTH SERVICES	1,203	0	1,203 ( g )
PE 41 Family Planning - Chlamydia Screening FAMILY HEALTH SERVICES	281	0	281 ( h )
<b>5) FOOTNOTES:</b>			
<p>a) Preparedness and Pan Flu funds must be tracked and reported separately.</p> <p>b) July-August Eighth awards must be spent by 8-8-08 and a report submitted for that period.</p> <p>c) July-Sept. grant is \$29,533 ; and includes \$5,907 minimum Nutrition Education and \$1,269 for Breastfeeding Promotion.</p> <p>d) October-June grant is \$79,828 and includes \$15,906 minimum Nutrition Education and \$3,808 for Breastfeeding Promotion.</p> <p>e) Title X funding is \$24,447 ; Title V funding is \$14,706</p> <p>f) \$8,427 Is additional Title X funds to be used for increasing Family Planning Clients.</p> <p>g) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).</p> <p>h) \$2,924 represents one-time funding to local agencies in FFY2008.</p>			
<b>6) Capital Outlay Requested in This Action:</b>			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>



## APPENDIX

### Local Health Department: Tillamook

### Plan A - Continuous Quality Improvement: Improve % of children aged 24 months fully immunized with 4 doses of DTaP

Years 2008-2010

Year 1: July 2007 – June 30, 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
Increase % of 24 month olds fully covered with 4 doses of DTaP to 80% by Jan 2010.	<p><b>Determine baseline rate</b> of 24 month olds with 4 doses of DTaP (2006 data).</p> <p><b>Implement reminder system</b> for patients at 12 month visit. Parent will self-address a postcard, and clinic staff will file it, to be mailed out at 15-18 months.</p> <p><b>Pull IRIS report quarterly</b> of patients 12-24 months who have not had 4 doses of DTaP.</p> <p><b>Mail reminder/recall postcards</b> to parents of patients who have not had 4 doses of DTaP.</p>	<p>2006 AFIX report</p> <p>Document that system is in place. Track # postcards mailed.</p> <p>IRIS report is pulled quarterly.</p> <p>Maintain log of postcards mailed.</p>		<p>Unable to implement recall postcards due to financial constraints and lack of clerical personnel to administer.</p> <p>We are in the process of readdressing this option.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**July 1, 2008 – June 30, 2009**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p><b>A.</b> Increase % of 24 month olds fully covered with 4 doses of DTaP to 80% by Jan 2010.</p>	<p><b>Assess percent of 24 month olds with 4 doses of DTaP</b> (2007 data).</p> <p><b>Assess success of reminder system</b> (parents self-addressing postcards at 12 month visit) and decide whether to continue it.</p> <p><b>Continue pulling quarterly IRIS report</b> of patients 12-24 months who have not had 4 doses of DTaP <b>and sending postcards</b> to these patients.</p> <p><b>Provide training</b> to staff on importance of completing DTaP series on time. Include WIC staff and home visit nurses.</p> <p><b>Display immunization schedule and contraindications posters</b> in clinical exam rooms</p>	<p>2007 AFIX report.</p> <p>Compare number of postcards sent and staff time with % increase in coverage rate to determine feasibility.</p> <p>Report is pulled quarterly and log of postcards mailed is maintained.</p> <p>Number of staff trained, number of meetings held</p> <p>Posters displayed in every clinical exam room.</p>	<p>Our clinics increased our percentage of 24 month olds fully covered with 4 doses of DTaP. This was due to the increased use of forecasting tools by front office staff, nursing staff, home visit nurses and WIC staff. Parents did a better job of bringing in shot records as they were reminded on appointment reminder calls.</p>	<p>Maintain current level but research new avenues and methods to increase percentage even more.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**July 1, 2009 – June 30, 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p>Increase % of 24 month olds fully covered with 4 doses of DTaP to 80% by Jan 2010.</p>	<p><b>Assess percent of 24 month olds with 4 doses of DTaP (2008 data). Determine if objective has been met.</b></p> <p><b>Provide any additional training</b> needed on 4<sup>th</sup> DtaP.</p> <p><b>If reminder system has been effective</b>, (parents self-addressing postcards at 12 month visit) <b>continue using it.</b></p> <p><b>Continue pulling quarterly IRIS report</b> of patients 12-24 months who have not had 4 doses of DTaP <b>and sending postcards</b> to these patients.</p>	<p>2008 AFIX report</p> <p>Number of staff trained, number of meetings held.</p> <p>If still using, continue to track the number of postcards mailed.</p> <p>Report is pulled quarterly and log of postcards mailed is maintained.</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Local Health Department: Tillamook**

**Plan B – Core Public Health Function: Reduce Missed Shots by Promoting Standards of Pediatric Immunizations in Tillamook LHD- simultaneous administration and screening at every visit.**

**Years 2008-2010**

<b>Year 1: Feb 2007 – Jan 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
Reduce missed shots rate to 10% by promoting simultaneous administration and forecasting at every visit, by 2010.	<p><b>Determine baseline data</b> on missed opportunities</p> <p><b>Design and implement plan to ensure that staff use the IRIS or ALERT forecaster</b> at every visit</p> <p><b>Provide staff training</b> on importance of screening/forecasting shots due at every visit (Standards #5&amp;12)</p> <p><b>Monitor reasons for missed opportunities,</b> and follow up as needed</p>	<p>2006 AFIX report</p> <p>Document written protocol for using the IRIS/ALERT forecaster</p> <p>Number of staff trained, number of meetings held</p> <p>Run IRIS report for “shots not given” quarterly. Document significant/unusual reasons for missed opportunities and any follow up that occurs</p>		<p>Each nursing staff have had one-on-one meeting to review use of ALERT and IRIS. New staff are trained as well as new providers.</p> <p>IRIS forecasts are printed and placed in charts for children seen for immunizations, well child exam and WIC.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<b>Year 2: Feb 2008 – Jan 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
Reduce missed shots rate to 10% by promoting simultaneous administration and forecasting at every visit, by 2010.	<p><b>Assess missed shots rate.</b></p> <p><b>Provide staff training</b> on importance of simultaneous administration and risk communication. (Standards #7&amp;11)</p> <p><b>Monitor reasons for missed opportunities,</b> and follow up as needed</p>	<p>2007 AFIX Report</p> <p>Meeting Minutes.</p> <p>Run IRIS report for “shots not given” quarterly. Document significant/unusual reasons for missed opportunities and any follow up that occurs</p>	<p>Our clinics reduced the numbers of missed shots down to 10%, an improvement from the previous year. This was accomplished by better use of forecasting tools by the front office staff, nursing staff and WIC staff prior to client appoints.</p>	<p>Goal is to decrease the numbers of missed shots to 8% by the end of June 2010.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Year 3: Feb 2009 – Jan 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p>Reduce missed shots rate to 10% by promoting simultaneous administration and forecasting at every visit, by 2010.</p>	<p><b>Assess missed shots rate. Assess whether objective was met.</b></p> <p><b>Monitor reasons for missed opportunities</b>, and follow up as needed</p> <p><b>Document that the IRIS or ALERT forecaster is being used</b> at every visit</p> <p><b>Assess need for additional training</b> in standards of child immunization practices and provide any needed training</p>	<p>2008 AFIX Report</p> <p>Reports are run, reasons for missed opportunities are documented</p> <p>Document that protocols/systems are in place.</p> <p>Document any training provided</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>	<p>To be completed for the FY 2010 Report (Due in Jan 2010)</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Tillamook County**  
**Statement of Budget**  
**Fiscal Year July 1, 2009 - June 30, 2010**  
**Revenues**

<b>Fund: 170 Health</b>
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FY 06-07	FY 07-08	FY 08-09	Funding	Description	FY 09-10	FY 09-10	FY 09-10	FY 09-10	Department
Actual	Actual	Adopted	Acct No	Source Code	Requested	Proposed	Approved	Adopted	
<b>Revenues</b>									
4225 Federal Grants									
1,351,831	1,374,000	1,370,832		11701113156A	Community Health Centers/FYE10	1,374,000	1,374,000		
10,318	17,404	0			Breast & Cervical Cancer/Screen/FYE08	0	0		
10,263	10,627	5,500		11702113162A	Immunization Spec Payts (formerly Im Action)/FYE10	5,500	5,500		
22,469	26,804	23,000		11702113147A	Child & Adolescent (MCH)/FYE10	23,000	23,000		
51,076	50,387	50,000		11702113167A	Family Planning/FYE10	30,000	30,000		
96,862	105,928	105,000		11702101166A	WIC Grant/FYE10	110,000	110,000		
17,360	28,642	12,000		11702114163A	Water Grant/FYE10	12,000	12,000		
10,638	7,611	0			HIV Block Grant-Prevention/FedFYE08	0	0		
10,265	5,369	7,500		11702301230A	Ryan White Fund/FYE10	7,500	7,500		
5,055	0	0			OR Diabetes Prev/Control Prog/FYE07	0	0		
106,911	123,174	90,000		11702301241A	Bioterrorism Funding - Preparedness/FYE10	90,000	90,000		
1,320	0	0			Health Alert Network/FYE07	0	0		
0	0	0			Stimulus Grant/FYE09	0	89,260		
731	203	0		4250	State Grants	0	0		
0	18,882	55,347		11703301153A	Tobacco Grant/FYE10	55,400	55,400		
13,622	27,891	25,000		11703301146A	State Support/FYE10	30,000	30,000		
8,857	6,881	7,000		11703301148A	Babies 1st Perinatal/FYE10	7,100	7,100		
0	0	4,000		11703301147A	Child & Adolescent (MCH)/FYE10	4,300	4,300		
0	0	5,500		11703301162A	Immunization Spec Payts (formerly Im Action)/FYE10	5,500	5,500		
2,102	2,553	2,200		11702113292A	Perinatal Maternity Case Mngmnt/FYE10	2,300	2,300		
0	0	0			Family Planning/FYE10	15,000	15,000		
1,539	1,322	0			STARS Grant-State/FYE08	0	0		
13,563	8,186	10,500		11709702159A	Cacoon Grant/FYE10	10,500	10,500		
3,048	794	0			Komen Screening/FYE08	0	0		
0	0	0		4289	Intergovernmental Revenue	0	0		
2,080	520	5,000		4290	Local/Community Funding	3,000	3,000		
44,619	47,201	45,000		4370	Health Dept Fees	40,000	40,000		
632,884	740,645	886,597		4371	Medicaid (FQHC)	750,000	808,220		
108,282	109,909	113,000		4372	Environmental Health	115,000	115,000		
225,878	263,513	255,000		4373	Patient Fees	210,000	226,000		
311,102	420,508	686,915		4374	Patient Insurance Fees	407,970	439,570		
139,025	145,574	271,386		4375	Medicare	194,200	209,200		
16,629	8,139	10,000		4376	Prescription Program/Donations	5,000	5,000		
0	0	0		4377	Preschool Exams	0	0		
58,377	52,674	80,850		4378	School Contracts	69,000	69,000		
4,410	9,825	18,000		4379	TYAC Contract	15,000	15,000		
17,247	10,313	5,000		4380	Dental Managed Care Fees	9,000	9,000		
185,827	181,158	275,000		4381	FP Expansion Project Fees	175,000	188,500		
760	5,992	5,600		4382	Contracted Nursing Services	12,000	12,000		
78,399	52	0		4383	Prior Year Revenue	0	0		
11,817	14,721	10,000		4384	Uncollectable Accounts	12,000	12,000		
1,491	54	0		4670	Refunds & Reimbursements	0	0		
0	0	0		4671	Reimbursement/Health Insurance	0	0		
44,473	31,085	10,000		4690	Miscellaneous Revenue	8,000	8,000		
2,063	3,699	3,500		4699	Interest	3,500	3,500		
0	0	0		4709	Intercounty/Jail Medical Services	0	0		
<b>3,623,193</b>	<b>3,862,240</b>	<b>4,454,227</b>			<b>Total Operating Revenue</b>	<b>3,810,770</b>	<b>4,034,350</b>	<b>0</b>	<b>0</b>
62,030	101,640	0		4000	Beginning Balance	0	0	0	0
110,000	110,000	110,000		4800	Transfer from General Fund/for Public Health Progs	110,000	100,000	0	0
<b>172,030</b>	<b>211,640</b>	<b>110,000</b>			<b>Total Other Funding Sources</b>	<b>110,000</b>	<b>100,000</b>	<b>0</b>	<b>0</b>
<b>3,795,223</b>	<b>4,073,880</b>	<b>4,564,227</b>			<b>Total Revenue</b>	<b>3,920,770</b>	<b>4,134,350</b>	<b>0</b>	<b>0</b>