

TILLAMOOK COUNTY HEALTH DEPARTMENT

COMPREHENSIVE LOCAL PUBLIC HEALTH

AUTHORITY PLAN

2010 - 2013

Tillamook County



Land of Cheese, Trees and Ocean Breeze

**TILLAMOOK COUNTY HEALTH DEPARTMENT
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I. EXECUTIVE SUMMARY

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The **TILLAMOOK COUNTY HEALTH DEPARTMENT'S (TCHD) 2010-2013 Comprehensive Annual Plan** presents a discussion of the needs, services and action items necessary for the Health Department to deliver the best possible Public Health services for its communities and population. The plan also serves to demonstrate Tillamook County's compliance with the Public Health services as outlined in Oregon statute (ORS 333-014-055(2)), which mandates that each county provide a minimum level of service to protect the health of individuals and communities through the implementation of five public health core functions.

The presentation includes the most relevant factors impacting access to care and unmet need; unique characteristics of the target population affecting access to public health services; significant changes in the health care environment; and major events in economic and demographic environment of services area. It then moves on to an analysis of the adequacy of Tillamook's current effort in the provision of public health services, the Five Basic Health Services (ORS-431.416) along with the provision of other services of import to Tillamook County. The programs, services and initiatives that TCHD will be implementing to ensure that required and other identified local needs are adequately addressed are outlined.

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

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

II. ASSESSMENT

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

INTRODUCTION:

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

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

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

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

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

a. Population to Primary Care Physician FTE Ratio

Tillamook County has a 3,633:1 ratio for the target population of low income people to primary care physician FTE.¹ The inadequate number of primary care providers (3.1 FTE) to serve the target population results in delayed care and often more serious conditions that require more expensive types of care. The cities of Tillamook, Cloverdale and Nehalem all have low income Health Professional Shortage Areas (score of 12), and all Tillamook County is a Medically Underserved Area. In response to the difficulty of recruiting physicians, last year the local

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

hospital raised provider salaries that now exceed physician salaries in the Portland metro area 70 miles east. As a result, several specialty and primary care provider positions have been filled in the past six months, but the increase in salaries by non-safety net organizations has made it more difficult for TCHD to recruit primary care providers. In addition, most private providers in the area continue to limit the number of Medicaid and uninsured persons in their practices.

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

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

c. Percent of Uninsured Target Population

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

• **Health Indicators**⁴

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

In addition to the diabetes prevalence rate, the age-adjusted diabetes death rate for Tillamook County 2000-2004 was 30 as compared to Oregon State's rate of 28. Obesity contributes to a higher risk for diabetes. The obesity prevalence (BRFSS 2004-2007) is 24% for the county, which is above the national Healthy People (HP 2010) target of no more than 15 % of adults to be obese. Many of the TCHD target population who have diabetes also face multiple barriers to care, such as poverty, lack of health insurance, lack of awareness of the importance of diet and exercise, and inadequate transportation. TCHD will address diabetes in the FQHC Health Care Plan.

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

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

² Tillamook County and Oregon BRFSS 2004-2007 age-adjusted

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

⁴ OR BRFSS, 2004-2007, age adjusted

negatively impact the health of the target population. TCHD will focus on patients with high blood pressure in the FQHC Health Care Plan.

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

The HP 2010 goal for not receiving a Pap test is below 10%. The national baseline is 13%. Although the cervical cancer rate in Oregon is 2.0 as compared to 2.4 in the US⁵, Hispanic women in Oregon have a higher incidence of cervical cancer than non-Hispanic women. The target population is less likely to seek prevention services, and to recognize the importance of the Pap test to detect and prevent cancer. TCHD will be losing the Breast and Cervical Cancer Screening Program due to state cuts this next year. TCHD will address the need for the Pap test in the FQHC Health Care Plan.

d. Prenatal and Perinatal Health: Late prenatal care in Tillamook County is 24.6%.⁶

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

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

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

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

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

⁶ OR DOH Center for Health Statistics, 2007

⁷ OR DOH Center for Health Statistics, 2007

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

f. Behavioral Health: Suicide Rate for Tillamook County is 22.4 per 100,000⁹

The suicide death rate is 22.4 for the service area, as compared to 15 for Oregon State and 11 for the US.¹⁰ The high suicide rate is likely related to factors such as an inadequate number of mental health and substance abuse providers, lack of adequate treatment for underlying mental conditions, cultural and personal beliefs that prevent the seeking of mental health care, and the perceived stigma attached to receiving mental health care. The target population is at higher risk for suicide than the general population because it includes people with chronic and serious mental illnesses who cannot get appropriate care due to poverty and other barriers. TCHD Health Care Plan includes screening patients with diabetes for depression and helping them to obtain care at Tillamook Family Counseling Center as indicated.

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

• **Two Other Key Health Indicators**

a. Percent Elderly (65 and older): 20% of the community and 19% of the target population are elderly (age 65 and older) as compared to 13% in the state.¹² Elderly persons are at risk for chronic diseases, and greater morbidity and disability when access to health care is not affordable or accessible. Chronic diseases, such as cardiovascular diseases, diabetes, and cancer are among the leading causes of disability in the service area. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. The target population elderly are also more likely to face issues such as complications from taking multiple medications, inadequate transportation, and need for social services. TCHD offers primary care for elderly persons and case management for elderly who have complex medical conditions.

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

⁹ Oregon Dept of Human Services, 2008

¹⁰ Age-adjusted, Oregon DOH, Mortality Tables, 2000-2004

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

¹² US census, 2005-07

¹³ US Census, 2000

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

- **Inadequate affordable housing**

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

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

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

- **Geographical/transportation barriers**

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

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

¹⁴ Oregon Progress Board Snapshot, Tillamook County 2007

¹⁵ US Census 2000, Tillamook County

- **Unemployment and educational factors**

Tillamook County mostly offers low wage jobs in the main industries of dairy agriculture, tourism, timber and fishing. The seasonally adjusted unemployment rate in Tillamook County at peak employment season as of July 2009 reached 10.1% as compared to Oregon at 11.7% and the US at 9.7%.¹⁶ This represents hundreds of lost jobs and vulnerable families in Tillamook County.

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

Low education and low literacy negatively impact a person's ability to access health care and to comply with their personal health care plan. Only 86.6 % of the area residents have achieved a high school diploma as compared to 89% in the state. Low education is also related to lower income and poverty that is a barrier to accessing health care.

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

The service area population experiences many risks and negative health conditions¹⁷:

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

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

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

Percent of adults over 25 with high school degree or GED (census, 2005-2007)	86.6	87.5	84.5
Median household income (census, 2005-2007)	37,744	47,385	50,007

Mental Health and Substance Abuse:

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

Oral Health:

Over half of Oregon’s children (57.3%) have experienced tooth decay. The Healthy People 2010 goal is to reduce decay for below 42% of children. One-in-four Oregon children in grades 1-3 (23.9%) showed untreated decay (the Healthy People 2010 goal is for not more than 21% of children to show untreated tooth decay). Only one-in-three children in grades 1-3 (32.3%) have sealants on their teeth (sealants are an inexpensive and effective way to reduce the potential for tooth decay). The Healthy People 2010 goal is for at least 50% of children to have sealants.¹⁹

Nationally over 50% of the population lives in communities with fluoridated water systems. In Oregon, only about 22% of the population receives the benefits of fluoridated water. No public water systems in Tillamook are fluoridated. The Healthy People 2010 benchmark is for 75% of the population to have access to fluoridated water.

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

3. SIGNIFICANT CHANGES IN THE HEALTH CARE ENVIRONMENT

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

The Oregon Health Plan (OHP) is the Medicaid program in the state. Most OHP patients are in managed care programs. Tillamook County will be required to convert from fee for service basis to managed care in the near future. TCHD will be negotiating with the managed care organizations that have been selected by the state to operate in this County starting January 1, 2010.

The 2009-2011 the state budget will be down \$511 million²⁰. However the Oregon Legislature took action to protect health care services to the most vulnerable. The Oregon Assembly passed a dramatic health reform package (HB2009), which will restructure the oversight and

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

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

²⁰ OPCA report June 2009

implementation of health care at the state level for the first time in nearly two decades. Together with the financing mechanism included in HB2116, the package will:

- Increase children's health coverage by up to 80,000
- Increase Oregon Health Plan standard coverage by up to 35,000
- Provide funding for an additional 50,000 to 70,000 Oregon Health Plan plus enrollees

The goal is to get all Oregon children insured by 2010. Children from families with the lowest incomes will be covered under the Oregon Health Plan. The plan also provides sliding fee subsidies for working parents whose children do not qualify for the health plan, so they can buy into an affordable private option for their kids.

In March, the Legislature asked each state agency to submit a list of 30 percent reduction options to use as a framework for bringing the 2009-2011 state budget into alignment with limited resources. Beginning with a focus on program efficiencies, OMAP's (Medicaid) reduction options are listed below. If taken all together, the reductions would result in a total General Fund savings of \$390 million.²¹

- Reduce benefits (\$56 million): Eliminate dental and vision services, and certain Medicaid-optional services and limit prescription drugs for non-pregnant adults.
- Reduce client populations (\$80 million): Effective January 2011, eliminate the Breast and Cervical Cancer and the OHP Standard programs. Lower the income limit for seniors and people with disabilities.
- Reduce reimbursement rates for providers (\$224 million): Limit payments to Federally Qualified Health Centers and Rural Health Clinics to the lesser of either the Medicare or Medicaid rate and reduce capitation rates for managed care organizations.

These reductions will challenge TCHD's ability to provide services. About 20% of TCHD patients are Medicaid enrollees. TCHD offers the Breast and Cervical Cancer Program that will be eliminated.

The provisions and full impacts of the newly passed Federal Health Care Reform Package are under study and unknown but are expected to be highly significant in providing a range of public health services.

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

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

Located on the Pacific Coast, Tillamook County is prone to extreme storms and flooding, especially in winter. This past year three storms caused significant flooding in the service area,

²¹ Oregon Health Plan Quarterly Progress Report , January – March 2009

disrupting transportation and employment, and resulted in costly damage to businesses and homes.

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

B. ADEQUACY OF LOCAL PUBLIC HEALTH SERVICES

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

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

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

Summary of the five basic services as provided by Tillamook County Health Department:

1. Epidemiology and control of preventable diseases and disorders

- a. **Communicable Disease** – nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and environmental health specialists work as a team to respond to food borne outbreaks.
- b. **Sexually Transmitted Infection** – low cost services provided in all three Health Department sites. CD nurse does investigation of identified contacts for treatment.
- c. **Immunizations** provided in all three health department clinic sites as well as at WIC visits and home visits. Focus on disease prevention through Advisory Committee on Immunization Practices (ACIP) recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Provide community based clinics for flu, pneumonia, Tetanus-diphtheria-pertussis and other vaccines required for school attendance. Take lead in community planning and exercising point of dispensing clinics for pandemic influenza and other communicable diseases.
- d. **Tuberculosis Program** – provides treatment and case management to persons with tuberculosis. Targeted screening of high risk populations.
- e. **Human Immunodeficiency Virus services** – Counseling and testing offered in all three health department clinic sites. Media outreach to encourage high-risk persons to be tested.

- f. **Chronic disease prevention** – Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke.
- g. **Drug, alcohol, gambling prevention** – referrals made through Tillamook Family Counseling Center.

2. Parent and child health services

- a. **CaCoon** – nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.
- b. **Babies First!** – nurse case management in home setting to infants and children (0-3 years) at risk for developmental delays due to qualifying medical or social risk factors.
- c. **Maternity Case Management** – nurse case management in home setting by referral in order to facilitate a healthy birth outcome.
- d. **Women-Infants-Children (WIC)** – nutrition program for children 0-5 and pregnant and postpartum women. Health screening, education and food vouchers. Free and low-cost breast pump rental program.
- e. **Women's Health Care** – provide family planning and women's health services and information.
- h. **Teen Pregnancy** – Provide family planning services to all teens in our three health department clinic sites, pregnancy testing, emergency contraception, pregnancy options.
- i. **Dental** – Contract with two local dental offices to provide care by referrals for dental care.

3. Health Statistics

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

4. Health information and referral services

- a. Clients are provided with program-specific materials. Written resource information about our health and human services is available and includes eligibility, enrollment procedures, scope and hours of service in both English and Spanish.
- b. All front office staff and case managers have information on community health resources to assist callers.
- c. Maintain comprehensive website that includes e-mail capability.
- d. 24/7 phone response – Main health department line contacts on-call provider.
- e. Resources are available to schools and community members through participation in school nursing program, health fairs, community presentations, and individual meetings.
- f. TCHD informs the public through local newspapers and media throughout the County regarding health services and programs. These media also serve to educate and inform the community regarding health alerts and adverse health conditions.
- g. Health referral and information are available daily during business hours by TCHD staff and are available in Spanish. Telephone numbers and facility addresses are publicized in several local media as well as our county web page.

5. Environmental health services

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

D. ADEQUACY OF OTHER SERVICES IMPORTANT TO TILLAMOOK COUNTY

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

The public health consequences that derive from lack of primary medical care are well documented. Tillamook County has had an FQHC since 1994 operating at three sites. In spite of these “safety net” medical services, significant gaps still exist between needs and services. Demands upon the area hospital emergency room for primary care access are challenging and unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary care in a timely manner. While local initiatives and efforts can help address the proximate issues, more comprehensive state and federal action will be necessary to address the root causes.

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

2. Oral Health Prevention and Care for the Uninsured

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

Drinking water systems in the Tillamook region are not fluoridated. The service area has an inadequate number of dentists to serve the area, and a dental HPSA specifically for low income

persons (10/14/2008). Few dentists accept Medicaid, but none arrange services on a sliding fee basis other than TCHD. TCHD offers the only dental care in the service area regardless of ability to pay.

TCHD contracts with two dentists, one in north County and the other in central/south County, to provide comprehensive dental care. The contract providers offer a full spectrum of care: dental hygiene services and examinations, x-rays, and fillings, and urgent dental care, restorative services, root canals, extractions, limited bridgework and emergency services. Dental staff also connects patients to specialized dental providers, such as oral surgeons, orthodontists, and endodontists who are willing to see patients regardless of ability to pay.

3. School Nursing Program for County School Districts

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

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

TCHD also collaborates with school districts to offer annual multi-modular screening programs, to conduct on-site screenings, testing, examinations, immunizations, and fluoride applications. Staff refers school children to the local contracted dentists and provides follow-up as needed to link them to needed services.

4. Enabling and Outreach Services

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

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

6. Nutrition:

Clients obtain nutrition education and services through WIC. Other clients identified at nutritional risk are provided with or referred for appropriate interventions. Culturally and

linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

7. Health Education and Health Promotion:

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

8. Medical Examiner

The role of the Tillamook County Medical Examiner is adequately provided by the TCHD physician who concurrently holds positions of TCHD Health Officer and FQHC primary care medical services Medical Director. The eminent retirement of this physician will not impact the Medical Examiner role as he plans to continue this role for the foreseeable future.

III. ACTION PLAN

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

1. Communicable Disease Investigation and Control

a. Current condition or problem:

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

b. Goal:

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

c. Activities:

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

- Maintain a mechanism for reporting communicable disease cases to the local health department. Provide 24/7 reporting by providing answering service system who contacts appropriate on-call provider.
- Continue TCHD's interaction with medical providers to maintain timely reporting of reportable communicable disease and conditions.

- Conduct investigations of all reportable conditions and communicable disease cases, ensure control measures are carried out, ensure disease case reporting data to ORPHEUS in the manner and time frame specified for the particular disease in the Oregon Disease Investigation Guidelines.
- Ensure comments regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
- Assure access to prevention, diagnosis, and treatment services for reportable communicable diseases are assured when relevant to protecting the health of the public.
- Maintain mechanism for reporting and following up on zoonotic diseases to TCHD.

d. Evaluation:

- Detection and control measures during outbreaks. TCHD will work with community partners surrounding outbreaks in order to control. Environmental health does investigation for enteric diseases; communicable disease nurse does other communicable disease conditions.
- Three outbreaks in the past 3 years.
- Meet targets outlined in PE 12 for timeliness and completeness in investigation and reporting.

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

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

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

Evaluation:

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

2. Tuberculosis Case Management**a. Current Condition:**

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

Tillamook County has not had an active case of TB in the past 3 years.

Goals:

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

Activities:

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

Evaluation:

- Continual monitoring of LTBI and TB incidence in Tillamook County
- Completion of LTBI medical logs for clients

3. Tobacco Prevention, Education, and Control**a. Current Condition or Problem**

Tobacco is the leading preventable cause of death in Tillamook County as it is statewide. Every year (based on 2009 data) 82 people die from tobacco use in Tillamook County (28 percent of all

county deaths) and over 1600 people suffer from a serious illness caused by tobacco use. As of 2009 over 4,100 residents reported smoking cigarettes. The economic burden is substantial. Over \$12 million is spent on medical care for tobacco-related illnesses. Over \$13 million in productivity is lost due to tobacco-related deaths. In Tillamook County 20 percent of adults smoke compared with the state as a whole. Among 11th graders current youth tobacco use reported was 14 percent compared with 17 percent statewide.

b. Goals

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

- Reduce and eliminate exposure to second hand smoke
- Counter pro-tobacco influences
- Promote the Oregon Quit Line
- Reduce youth access to tobacco

Specific Objectives:

- **Objective 1:** By June 30, 2011 Tillamook County TPEP Coordinator will work with Public Health Administrator to share prevalence data and the link between chronic diseases and tobacco use/exposure with decision makers.
- **Objective 2:** By June 30, 2011, the departmentally customized implementation plan for all county buildings/campuses to become tobacco-free (approved by the Tillamook County Board of Commissioners in Fourth Quarter FY 2009-2010), will become operational.
- **Objective 3:** By June 30, 2011 Tillamook County will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA.
- **Objective 4:** By June 30, 2011, five additional multi-unit housing properties in Tillamook County will have adopted no smoking rules above the number reporting in FY 2009-2010.
- **Objective 5:** By June 30, 2011, Tillamook County will pass an ordinance that prohibits the sale of tobacco products in pharmacies.

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

c. Activities

The Board of County Commissioners in its capacity as the Board of Health for Tillamook County must approve the Tobacco Prevention and Education Program. For FY 2010-2011 the following objectives were approved. The FY 2009-2010 Tobacco Program work plan is expected to result in a timeline for tobacco to be banned at the County courthouse and at other County facilities and properties. . A plan is due by June 30, 2010. In future years the implementation of that plan is required by the second objective listed below for FY 2010-2011. This long-term plan county facility/campus plan will require extensive collaboration with the State Public Health Division, state agencies, as well as with local organizations.

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

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

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

For FY 2009-2011 the key challenges faced in workplan activities are to continue to collaborate closely with the Health Council, the Board of County Commissioners, and civic leaders to maintain continuing steps to de-normalize tobacco use in the county. Collaboration and partnership with State Public Health Division to assure congruence of actions will be important (including refinements to the workplan). As noted, Objective 2 above specifically requires a carefully tailored plan to eliminate tobacco use from county facilities including parks. Institutional and political realities must be addressed with finesse. As also noted, in the area of cessation standardized, customized procedures in primary care centers to support smokers as they choose to leave tobacco are being institutionalized. They must become a standard of practice in all primary care settings. More effective countering tobacco of ales and marketing to minors is a critical concern.

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

systems incorporate cessation screening and referral tools and 5) comprehensively restrict tobacco advertising, promotion, and raise tobacco taxes for Oregon's health.

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

d. Evaluation

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

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

Long-term success in prevention, of course, will be evaluated in progress toward reduced Tillamook County tobacco use, reduced costs due to premature death and morbidity in the county, and the effective de-normalization of smoking and tobacco use. The ultimate Program/Department objective is increased lifespan and quality of life across that lifespan with lives free of tobacco. This is in accord with the purposes of public health, longer, quality lives for populations, for all people in sustainable, healthy environments.

To achieve objectives and to effectively evaluate progress will require a long-term investment in prevention at local/state levels. The Program represents Tillamook County's support for this investment in the future, communities increasingly free of tobacco, the leading cause of preventable premature death and morbidity, communities known for their focus on healthy places, healthy choices, and hospitality toward prevention.

B. PARENT AND CHILD HEALTH SERVICES

1. Women, Infants and Children (WIC) Program:

FY 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Tillamook County
Person Completing Form: Dawna Roesener
Date: 04/01/2010
Phone Number: 503-842-3913
Email Address: droesne@co.tillamook.or.us

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

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

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline:

Training Supervisor has already completed the Online training modules as well as the state offered class on PCE.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline:

Post test will be completed by all WIC staff by December 31, 2010. Progress is already happening with staff doing the training modules on line.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff who will attend a regional training:

Our Goal is to send Isela Chavarin, Nancy Ludwig and Dawna Roesener to this training in the fall of 2010. all attendees will have completed the PCE posttest by August 31, 2010

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

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

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline:

See Attached Checklist

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline:

All WIC staff will attend the Prenatal and Breastfeeding class offered in the fall of 2010. This class will give our local agency the tools and information needed to support evidence-based concepts in Prenatal and Breastfeeding.

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

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

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

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

As soon as trainings and logistics for the fall PCE training are available, the WIC Coordinator will send a formal invitation to all community partners inviting them to attend. IE: Cacoon nurse, Home visit nurses, Hospital OB staff, and local OBGYN

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

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline:

WIC Coordinator has already given out training information to community partners for the Breastfeeding basics class coming up in September 2010. She will also invite them to view the online Breastfeeding training modules.

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

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

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline:

All WIC staff to complete new online Child Nutrition Module and posttest by February 28, 2010.

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

Agency Training Supervisor(s): Dawna Roesener

**Attachment A
FY 2010-2011 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2010 through 6/30/2011**

Staff Development Planned

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2010	Cultural sensitivity Training	To meet yearly requirement of cultural diversity
2	Sep 2010	PCE training offered by the state	To help with staff skills in Participant Centered Education
3	March 2010	State developed Prenatal and Breastfeeding class	To improve local breastfeeding and prenatal education
4	May 2010	State WIC meeting	To have all staff attend a variety of meetings on many topics pertaining to WIC

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
A. Breastfeeding Policies and Procedures							
1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.				xx			Rewrite the policy to reaffirm the value of breast feeding for all departments
2. Our WIC agency/county health department has applied for and received the state designation as a <i>breastfeeding mother friendly employer</i> and displays the certificate on site.	xx					We have not applied for the mother friendly employer certificate	Discuss with administrator the options of becoming a breastfeeding mother friendly employer site.
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.					X x	Is currently on the job descriptions	
B. Staff roles, skills and training							
1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.			xx			We continue to work toward 100%	
2. All WIC staff have completed the breastfeeding module level appropriate for their position.					X x	Done	
3. Our WIC agency has a sufficient number of staff who have completed a 5 or 6 day advanced breastfeeding training such as the Portland Community College Lactation Management course.					X x	We have two staff who have completed the 5 day course and one who is very interested in more training	Send our Cacoon nurse to the basic breastfeeding training this September 2010

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
(Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)							
4. Our WIC agency has an IBCLC on staff.	xx					One staff member is wanting to take the test this year	
C. Prenatal Breastfeeding Education and Support							
1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.			xx			Continuing to feel more comfortable with the WIC Listens skill	Become 100% with WIC Listens
2. WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.				xx		Continuing to feel more comfortable with the WIC Listens skill	Become 100% with WIC Listens
3. WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.					xx	We do this very consistently	Continue great work
4. WIC staff encourage women to fully breastfeed, unless contraindicated.					xx	We do this very consistently	Continue great work
5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.				xx		We do really well on this but not 100% yet	Become 100%
6. WIC staff teach women infant behavioral cues and how these relate to breastfeeding success.				xx		Do well as long as time isn't an issue	Need to take the time and make sure women get what they need out of each visit

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
7. WIC staff help women prepare for breastfeeding after returning to work or school.					xx	Doing well with this	Continue
D. Postpartum Education and Support							
1. Our WIC agency offers breastfeeding support throughout the postpartum period.					X x	Doing well with this	Continue
2. Staff members contact each breastfeeding mother within 1-2 weeks of expected delivery to assess any concerns or problems and to provide assistance.				xx		Continue to strive to fill this 100%	Have better tickler file set up to make sure each breastfeeding mother is contacted
3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office.					xx	Doing well with this	Continue
4. WIC staff encourage and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.					xx	Doing well with this	Continue
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks				xx		We do really well on this but not 100% yet	Become 100%

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.			xx			Doing better	Must take the time to make sure this teaching is taking place
7. Our agency provides breast pumps when needed.					xx	Doing well with this	continue
E. Breastfeeding Food Packages							
1. WIC staff assess each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.					xx	Doing well with this	continue
2. A WIC CPA completes an assessment when a breastfeeding mother requests formula and tailors the amount of formula provided. Breastfeeding assistance is also provided to help the mother protect her milk supply.					xx	Doing well with this	continue

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
F. Creating a community that supports breastfeeding.							
1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide Breastfeeding Coalition of Oregon (BCO).				xx		Hasn't gone to may meetings because of clinic demand	Make 100% of meetings
2. Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.					xx	Doing will with this	Continue
3. Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.					xx	Doing will with this	Continue
4. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A						N/A	
5. Our agency promotes breastfeeding through local media.			xx			Haven't done a specific add on breastfeeding promotion	Use state resources to develop an add and then run it locally

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: Tillamook County
Person Completing Form: Dawna Roesener
Date: 04/20/2010 **Phone:** 503-842-3913

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 module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: Yes staff did complete the module by December 31, 2009 and dates were entered into TWIST

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.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response: All staff attended Statewide WIC meeting and the Infant feeding cues class. One on one with CPA is given when ever the clients have questions.. The front desk routes them to a CPA

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Response: All materials were reviewed and revised to fit the Key Nutrition Messages and new food packages. Old obsolete materials were thrown away.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

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

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

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Client centered Council and goal review</p>	<p>In July of 2009 a WIC staff mtg was attended by all to set up individual goals and peer to peer observations to help meet the goals</p>	<p>To set up individual goals for Client Centered council and also to observe each other in meeting these goals</p>
<p>Peer to Peer Observation</p>	<p>August-September 2009 We set up times to evaluate each other in clinic for our Client Centered counseling. A Spanish speaking lesion</p>	<p>To make sure we were all meeting our goals for Client Centered Counseling as well as preparing for the up coming food pkg</p>

	helped us do this with our Spanish clinic.	changes and WIC Listens
Oral health and varnish training	This goal was not met	
Food pkg review meeting	All WIC staff met at a staff meeting in January to review how we are handling the food pkg changes	To make sure all staff was comfortable and adapting to new food pkg changes.

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

Year 3 Objective: During plan 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.

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

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: Not education clients on every topic has had the least buy-in simply because we are having to retrain ourselves to focus on 1 core component of a visit. Giving the clients goal setting opportunities has been the most popular because it lets them be involved directly.

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response: Peer counseling continues to happen to assist staff with the goals they have set for themselves and WIC Listens. We will continue to attend any state provided meetings to advance staff skill in participant centered change IE: one set in the fall of 2010

Goal 3: Improve the health outcomes of WIC clients 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.

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: In September 2009 the WIC Coordinator met with the director of head start to promote the Food Pkg changes in WIC. In this mtg positive promotion of fresh choices were addressed. The Head Start personnel were very excited about changes being made.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: No state led evaluation was offered as in our 2009 plan suggests

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

Year 3 Objective: During plan 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.

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

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

Response: See attached Supporting Breastfeeding through Oregon WIC Listens check list.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response: We have made big strides in Breast feeding promotion in all departments of our clinic. From front desk staff to primary care clinics. We have set the goal of inviting community partners IE: Lactation nurse, home visit nurses, local OBGYN and OB staff to attend breastfeeding basic course in September 2009 as well as have access to online breastfeeding module.

2. Immunization Program:

a. Annual Plan – Part A:

b. Annual Plan – Part B:

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>

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

Year 1: July 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase rate of single dose Hepatitis A vaccine by 10% over next 3 years to children 0-18	<p>Use AFIX assessment data as baseline Provide staffing inservice to review and implement objective.</p> <p>Fully screen /forecast for each client 0-18 for Hepatitis A vaccine</p> <p>Provide Hepatitis A education at Babies 1st and CaCoon home visits.</p>	5/11	All	<p>Baseline set.</p> <p>Review with clinic/clerical staff on progress quarterly. Screening and forecasting at every visit by all staff.</p> <p>Babies 1st and Cacoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.</p>	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

B.					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
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Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

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

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

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

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

B.					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
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Immunization Comprehensive Triennial Plan

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

<p>Due Date: May 1 Every year</p>
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Year 1: July 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promoting adolescent and adult Tdap vaccine	<p>Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed</p> <p>Provide immunization information regarding adolescents need for Tdap to parent and providers</p> <p>Provide Tdap information to adults, new parents, providers, hospital for</p>	Due 5/11	Staff ALL	<p>Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults.</p> <p>Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed.</p> <p>Contact other providers in county about importance of Tdap administration for adolescent clients, at preconception</p>	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

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

Immunization Comprehensive Triennial Plan

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

<p>Due Date: May 1 Every year</p>
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Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promoting adolescent and adult Tdap vaccine	<p>Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed</p> <p>Provide immunization information regarding adolescents need for Tdap to parent and providers</p> <p>Provide Tdap information to adults, new parents, providers, hospital for</p>	Due 5/11	Staff ALL	<p>Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults.</p> <p>Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed.</p> <p>Contact other providers in county about importance of Tdap administration for adolescent clients, at preconception</p>	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

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

Immunization Comprehensive Triennial Plan

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

<p>Due Date: May 1 Every year</p>
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Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promoting adolescent and adult Tdap vaccine	<p>Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed</p> <p>Provide immunization information regarding adolescents need for Tdap to parent and providers</p> <p>Provide Tdap information to adults, new parents, providers, hospital for</p>	Due 5/11	Staff ALL	<p>Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults.</p> <p>Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed.</p> <p>Contact other providers in county about importance of Tdap administration</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>

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

3. Maternal Child Health Services:

Current condition:

Tillamook County Health Department promotes physical, social, and mental well being of families based on assessed needs. There is a major emphasis on reducing risks related to pregnancy and parenting through case management services to women with infants and small children and their families. Through the funding sources services are available for pregnant women, pregnant and parenting women with substance abuse issues and children at risk for developmental delays in order to obtain the best possible outcomes for their pregnancies and young children. TCHD has experienced a reduction in public health nursing staff for home visits due to retirement of two HV nurses in the past 2 years. Budgets for these programs have also been reduced in recent years. TCHD currently has .8 FTE for home visits.

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

Goal:

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

Activities:

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

Measures:

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

Goal:

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

Activities:

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

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

Measures:

- Hire additional public health nurse to perform home visits for Babies First!, CaCoon and Maternity Case Management clients.

Goal:

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

Activities:

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

Measures:

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

4. Family Planning Program Annual Plan:

Goal #1

Problem Statement	Objective(s)	Planned Activities	Evaluation
Begin implementing Implanon insertions on a regular basis	To offer another birth control method for FP clients.	Have Implanon readily available (though in limited quantity) to patients who prefer it.	Re-evaluate and readjust goal to ensure movement to main objective.

Goal #2

Problem Statement	Objective(s)	Planned Activities	Evaluation
Lack of walk-in nursing schedule for family planning in south county clinic in Cloverdale	Increase access to family planning services for one half day per week	Place an RN in south county clinic for family planning services 4 hours per week.	Re-evaluate effectiveness of having more family planning services in south county clinic.

C. ENVIRONMENTAL HEALTH

a. Current condition or problem:

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

b. Goals:

Inspection goals are as follows:

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

c. Activities:

1. The County shall carry out all delegated authority, responsibilities, and functions;
2. Enforce the applicable statutes and rules relating to the programs
3. Conduct follow-up inspections of establishments and facilities

4. Investigate all cases of food borne illness
5. Make available to the Administrator reports regarding inspections conducted
5. Maintain a website providing available services and contacts as well as facility inspection reports

d. Evaluation:

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

Management and staffing plan

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

Water

a. Current condition or problem:

Tillamook County monitors 85 public water systems

b. Goals:

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

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

c. Activities:

1. The County shall respond to drinking water emergencies and waterborne disease outbreaks, and maintain a current emergency plan.
2. The County shall take independent enforcement actions against public water systems serving licensed facilities.
3. The County will update Health Services computer database inventory records of public water systems, as changes to this data become known.
4. The County shall respond to requests from water systems for info on the regulatory requirements.
5. The County shall investigate all water quality and be alert for detection of regulated contaminants. The County shall consult with and advise the water system operators on actions to assure sampling is completed.
6. The County shall contact and consult with public water systems that are significant non-compliers with drinking water standards.
7. The County shall conduct Sanitary Surveys of public water systems no less often than every 3 years.
8. Review emergency response plans of public water systems.
9. The County invoices the DW program on a monthly basis for services not considered basic requirements.

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

d. Evaluation:

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

D. HEALTH STATISTICS (VITAL RECORDS)

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

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

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

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

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

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

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

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

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

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

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

E. INFORMATION AND REFFERRAL

Previously described in Provision of Five Basic Health Services

F. PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current condition:

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

Please also see TCHD comprehensive multi-year training and exercise plan submitted to PHEP March 31, 2010.

Goal:

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

Activities:

Activities have been fully outlined in our multi-year training and exercise plan submitted to PHEP on March 31, 2010. TCHD PHEP Plan covers training specific to coordination with community partners, including the local hospital, medical providers, emergency services, law enforcement, emergency management and Red Cross. TCHD will provide educational materials and resources to provide to schools, businesses and churches. TCHD will alert community to any potential threats, hazards or events.

Evaluation:

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

MULTIYEAR TRAINING AND EXERCISE SCHEDULE

2010– 2012 Exercise / Training Plan

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

EPW = Exercise Planning Workshop (see guide)

S = Seminar (Orientation)

D = Drills

W = Workshop

FE = Functional

TTX = Tabletop

FSE = Full-scale

Event	Type	Capability	Proposed Date	Sponsor/Location
Fiscal Year 2010				
MCI Drill	FSE	Communication, Surge	4/26/10	Hospital, EM, EMS, Fire, LEA,PH; MVA in Garibaldi
Hospital Evacuation	FSE	Communication, Surge	TBD	Hospital, EMS, EM, Fire, PH,LEA in Tillamook.
Staff call down exercises	D	Communication	Quarterly	TCHD
Food Safety in event of disaster	TTX	Communication	Sept. 2010	TCHD, Community Mealsites and Food Service
Seasonal influenza immunization clinics	FE	Mass Prophy	Oct-Nov 2010	TCHD
Fiscal Year 2011				
To be planned in conjunction with Tillamook Incident Command team			TBD	TCGH, EM, EMS, Fire, LEA, PH –County wide
Staff call down exercises			Quarterly	TCHD
Use of HAN by HD staff			On-going	TCHD
Fiscal Year 2012				
To be planned in conjunction with Tillamook Incident Command team			TBD	TCGH, EM, EMS, Fire, LEA, PH –County wide
Staff call down exercises			Quarterly	TCHD
Use of HAN by HD staff			On-going	TCHD

G. OTHER

Remodel and Expansion Construction of TCHD Public Health Facility:

Budgetary consideration had led to a consolidation of TCHD buildings and facilities. In March 2009 the Public Health and Environmental units of the Health Department moved into the Central Health Center building. The vacating of the PH/EH building resulted in \$17,000 of annual savings. The budgetary benefits of this situation were 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.

This situation is currently under remediation involving the remodel and adjacent expansion of the Health Department's Central Health Center in Tillamook. The new construction will provide a Public Health and Environmental Health annex for the provision of those services including WIC, public health nursing, communicable disease outbreak investigation, restaurant licensing, food handlers' education and certification, etc. The existing building remodel will result in four additional exam and treatment rooms; a children-friendly pediatrics suite in jungle motif; moving administrative and finance services into the Central building; and expansion of medical provider area. The construction project totals \$461,000 with construction slated for July/August.

IV. ADDITIONAL REQUIREMENTS

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

B. Tillamook County Board of Health

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

C. Public Health Advisory Board

The Tillamook County Community Health Council (TCCHC) has been established, in conjunction with the Tillamook Board of County Commissioners (BOCC), as the governing body of the FQHC medical clinical services operated by TCHD. The BOCC, which appoints the members of the TCCHC, has delegated it to serve in a Public Health advisory role to the BOCC. The Health Council is made up of up to fifteen (15) members. Currently the Council has 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. Triennial Review

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

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

Commendations

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

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

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

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

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

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

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

Tillamook County Commission in Children and Families has been set up within the County structure as a stand alone entity, not within the Health Department. Marlene L. Putman serves as the Executive Director. There is a close functional relationship between the two entities with interaction in the areas of use of our medical clinical and dental services as well with the special needs children services provided by the Health Department’s public health nursing team. There are currently additional collaborations with partnerships in a Youth Mentoring Initiative Grant Program and a Tobacco Control Healthy Communities – Phase I Grant Program.

V. Unmet needs

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

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

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

D. Childhood Obesity: Approximately 100,000 of 378,000 Oregon children ages 10-17 years (26.5%) are considered overweight or obese according to BMI-for-age standards. More than two

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

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

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

Resource options for the uninsured and underinsured are becoming more and more limited with TCHD fast becoming the final resource in the safety net. In that role the TCHD has contributed \$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. Two of TCHD's four public health nurses have recently retired. A part-time public health nurse has been located to partially cover some of the lost hours. Other Health Center nurses and support staff are within 3-5 years of retirement. Recovery from these upcoming losses is feasible with competitive industry based salary scales and benefit packages for which there are no current or projected resources.

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

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

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

G. Hiring of TCHD Health Officer/Medical Director:

The eminent retirement of TCHD’s Health Officer/Medical Director is a major challenge to the sustainability of the public health and primary care medical programs. The continuing search for a replacement has at this time been in place for over 12 months.

H. Health Education and Health Promotion:

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

I. Health Department Accreditation:

TCHD is facing accreditation for two of its basic components – public health and primary care services. Both involve substantial resource commitments in time and funding. At this time TCHD fulfills the staffing qualifications for public health accreditation but with an aging public health team may in the near future find this a challenge. There are many additional requirements for both of these accreditations that are pending and unknown but in any case resource issues will play a role in complicating these processes.

VI. Budget

A. Budget location Information:

1. **Contact:** Sharon Williams, TCHD Chief Financial Officer
2. **Address:** 801 Pacific Ave., Tillamook, OR 97141
3. **Phone Number:** (503) 842-3920
4. **Email Address:** swilliam@co.tillamook.or.us

B. Projected Revenue Information:

**EXHIBIT 1
FINANCIAL ASSISTANCE AWARD**

State of Oregon		Page 1 of 3	
Department of Human Services Public Health Services			
1) Grantee Name: Tillamook County Health Office		2) Issue Date February 16, 2010	
Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489		This Action AMENDMENT FY2010	
3) Award Period From July 1, 2009 Through June 30, 2010			
4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	33,067	0	33,067 (i)
PE 04 P.H. Response to H1N1 Influenza Vaccination--PHER III	25,016	0	25,016 (p,s)
PE 08 Ryan White--Case Management	8,390	0	8,390
PE 08 Ryan White--Support Services	2,904	0	2,904
PE 12 Pub. Health Emergency Preparedness/(July-Aug. 9)	18,125	0	18,125 (a,e,h)
PE 12 Pub. Health Emergency Preparedness/(Aug 10-June30)	71,825	0	71,825 (j)
PE 12 Pub. Hlth. Emerg. Response - FA1-H1N1 Vaccinations	23,975	0	23,975 (k)
PE 12 Pub. Hlth. Emerg. Response - FA2-H1N1 Epid. & Surv.	2,723	0	2,723 (l)
PE 12 Pub. Hlth. Emerg. Response - FA3-H1N1 Vaccine Admin.	24,434	0	24,434 (n,r)
PE 13 Tobacco Prevention & Education	54,163	0	54,163
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	118,489	1,348	119,835 bcfgtu
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	48,094	0	48,094 (o,q)
5) FOOTNOTES:			
a) July-August 9th awards must be spent by 8/9/2009 and a report submitted for that period.			
b) July-Sept. grant is \$29,821 and includes \$5,964 of minimum Nutrition Education and \$1,284 for Breastfeeding Promotion			
c) Oct.-June grant is \$90,014 and includes \$18,003 of minimum Nutrition Education and \$3,851 for Breastfeeding Promotion			
d) MCH 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).			
e) \$6,060 of additional funds are added per Radio mini-grant applications. Funds must be obligated by August 9th, 2009 and liquidated by October 31st, 2009.			
f) \$1,568 is for one-time funding to local agencies with rate of \$2.00 per assigned caseload.			
g) \$364 is for Fam Direct Nutrition Education funding.			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon
Department of Human Services
Public Health Services

1) Grantee Name: Tillamook County Health Office Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	2) Issue Date February 16, 2010	This Action AMENDMENT FY2010
3) Award Period From July 1, 2009 Through June 30, 2010		

4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	14,809	0	14,809 (d)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	6,347	0	6,347 (d)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	2,260	0	2,260 (d)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	4,242	0	4,242 (d)
PE 42 Babies First FAMILY HEALTH SERVICES	7,156	0	7,156 (d)
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES	11,256	0	11,256 (m)
PE 43 Immunization -- CDC (ARRA Stimulus Funding) FAMILY HEALTH SERVICES	7,497	0	7,497 (m)
PE 43 Immunization -- Public Health Emergency Response FAMILY HEALTH SERVICES	716	0	716 (m)

- 5) FOOTNOTES:**
- h) \$1,803 is additional funding for the purchase of Satellite Phone Docking stations and Antennae as follows: ASE 9505A Docking Station and Iridium Fixed Mast Omni Directional Antennae. Items are available from World Communications Center, Chandler, AZ, <http://www.wccp.com>. Contact: Curtis Patterson. Funds must be obligated by 08/09/2009 and liquidated by 10/31/2009.
 - i) Additional \$3,500 must be spent by September 30, 2009. Counties must submit DHS Health Division Expenditure and Revenue Report by 10/25/09 to verify that the funds have been spent.
 - j) Base Preparedness Funding award revised to reflect CDC approved grant award.
 - k) H1N1 Funding for Vaccination, Antiviral Distribution/Dispensing/Administration and Community Mitigation. Funding must be tracked and reported separately.
 - l) H1N1 Funds for Epidemiology and Surveillance. Funds must be tracked and reported separately.
 - m) Funding for this program must be reported separately.
 - n) H1N1 funding for Vaccine Administration related activities. PHER III Focus Area 3 funding must be tracked and reported separately.

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

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon
 Department of Human Services
 Public Health Services

1) Grantee Name: Tillamook County Health Office Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	2) Issue Date February 16, 2010	This Action AMENDMENT FY2010
3) Award Period From July 1, 2009 Through June 30, 2010		

4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
TOTAL	485,488	1,346	486,834

5) FOOTNOTES:

- o) \$985 is for Chlamydia Screening; \$470 is for High-Cost Contraceptives.
- p) H1N1 funding for mass vaccination activities described in PE 4.
- q) \$-1,898 is the Base Grant formula correction.
- r) Additional funding for H1N1 response after-action reports and improvement plans; and local communication and outreach to vulnerable or underserved populations.
- s) Additional funding for H1N1 Mass Vaccination.
- t) \$5,000 is the local agency special project funding.
- u) \$1,346 is the 3% increase for Cost Per Participant NSA funding.

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

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

VII. MINIMUM STANDARDS

Organization

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

17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes No ___ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No ___ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- Yes No WIC
 - Yes No Family Planning
 - Yes No Parent and Child Health
 - Yes No Older Adult Health
 - 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 X 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 X No ___ The local health department assures that advisory groups reflect the population to be served.

102. Yes X 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, MD., 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:**

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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

Curtis C. Hesse, MD, MPH
Local Public Health Authority

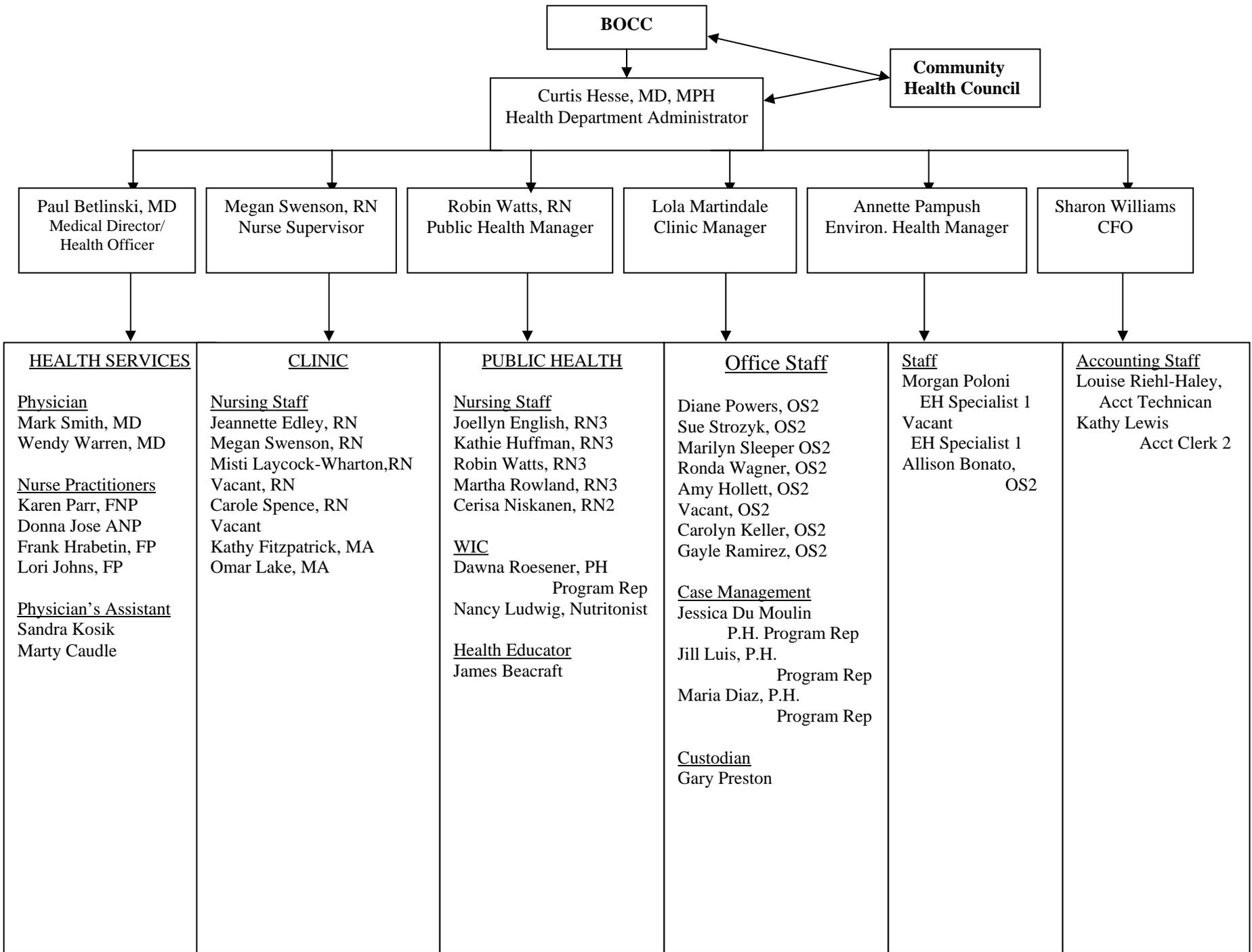
TILLAMOOK
County

04/27/2010
Date

VIII: APPENDICES

A. Organizational Chart of Tillamook County Health Department

B. Tillamook County Health Department 2009-2014 Strategic Plan



**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>
2.1. Develop Response to Stimulus Package within 60-90 Days (Capital Development)	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.	
2.2. Develop North Coast CHC Collaborative within 90-120 days	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.	
2.3. Study feasibility of HMO for midlevel outpatient health care within 90 to 120 days	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>
3.1. Increase Encounters by 10% within 3 months	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.	
3.2. Improve in-house patient relations by October 1, 2009.	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>MEASURABLE OBJECTIVES:</i>	<i>ACTION STEPS</i>	<i>DUE DATE</i>	<i>DATA/EVALUATION</i>	<i>RESPONSIBLE PARTY/PERSON</i>
	3.2.c.	3.2.c.	by one percent within 6 months 3.2.c.	
3.3. Increase involvement of TCHD in Health Fairs in 2009	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>MEASURABLE OBJECTIVES:</i>	<i>ACTION STEPS</i>	<i>DUE DATE</i>	<i>DATA/EVALUATION</i>	<i>RESPONSIBLE PARTY/PERSON</i>
4.1. Stable service in Cloverdale by August 1, 2009	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

MEASURABLE OBJECTIVES:	ACTION STEPS	DUE DATE	DATA/EVALUATION	RESPONSIBLE PARTY/PERSON
	students 4.1.c. Improve the facility by 2014	4.1.c. by 2014	4.1.c..	
4.2. Increase encounters per provider by 10% within 3 months	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
4.3. Secure space for eventual growth	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 # _____ **:**

<i>MEASURABLE OBJECTIVES:</i>	<i>ACTION STEPS</i>	<i>DUE DATE</i>	<i>DATA/EVALUATION</i>	<i>RESPONSIBLE PARTY/PERSON</i>
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)

Questions	Health Council	Staff
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

Community Leaders Survey Results		
Questions	Leaders' Major Themes	Leaders' Major Themes
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 41emails 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 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 who 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.