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
COMPREHENSIVE LOCAL PUBLIC HEALTH
2010 - 2013 AUTHORITY PLAN
Table of Contents

I. EXECUTIVE SUMMARY

- **Name:** Tillamook County Health Department
- **Address:** PO Box 489, Tillamook, OR 97141
- **Contact Name:** Curtis C. Hesse, MD, MPH
- **Contact Phone Numbers: Voice:** 503-842-3922 **Fax:** 509-842-6099
- **E-Mail Address:** chesse@co.tillamook.or.us
- **Website:** www.co.tillamook.or.us/health

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 RELAVENT 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 to16%. 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 US[5], 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 insuranced, 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 100,000[9]
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 TARGT 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 conditions[17]:

Health Conditions: *BRFSS 2004-2007	Tillamook County	Oregon State	US
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 11th 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 million[20]. 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 cites, 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 undeserved. 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 though 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 tin 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 *breastfeeding mother friendly employer* 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 id 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
Example: Providing Advice Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.	**Example:** This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education	**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.
Client centered Council and goal review	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	To set up individual goals for Client Centered council and also to observe each other in meeting these goals
Peer to Peer Observation	August-September 2009 We set up times to evaluate each other in clinic for our Client Centered counseling. A Spanish speaking lesion	To make sure we were all meeting our goals for Client Centered Counseling as well as preparing for the up coming food pkg

	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.

Activity1: *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 beg strides in Breast feeding promotion in all departments of our clinic. From front desk staff to primary care clinics. We have se the goal of inviting community partners IE: Cacoon 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

Due Date: May 1
Every year

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	Use AFIX assessment data as baseline Provide staffing inservice to review and implement objective. Fully screen /forecast for each client 0-18 for Hepatitis A vaccine . Provide Hepatitis A education at Babies 1st and CaCoon home visits.	**5/11**	**All**	Baseline set. Review with clinic/clerical staff on progress quarterly. Screening and forecasting at every visit by all staff. Babies 1st and Cacoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.	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

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	Use AFIX assessment data as baseline Provide staffing inservice to review and implement objective. Fully screen /forecast for each client 0-18 for Hepatitis A vaccine. Provide Hepatitis A education at Babies 1st and CaCoon home visits.	**5/11**	**All**	Baseline set. Review with clinic/clerical staff on progress quarterly. Screening and forecasting at every visit by all staff. Babies 1st and Cacoon home visit nursing staff conducting educational visits about Hepatitis A vaccine and providing immunizations.	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

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

Due Date: May 1
Every year

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

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

Due Date: May 1
Every year

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	Fully screen and forecast all adolescent clients, ages 10-18 at every visit and immunize for Tdap if needed Provide immunization information regarding adolescents need for Tdap to parent and providers Provide Tdap information to adults, new parents, providers, hospital for	**Due 5/11**	**Staff ALL**	Review with staff at an all staff meeting standing orders and guidelines for administration of Tdap to adolescents and adults. Clerical and/or nursing staff forecast, screen and immunize for Tdap if needed. Contact other providers in county about importance of Tdap administration for adolescent clients, at preconception	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

	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 2010Report

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

Due Date: May 1
Every year

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

	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 2010Report

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

Due Date: May 1
Every year

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

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-compilers with drinking water standards.
7. The County shall conduct Sanitary Surveys of public water systems no less often than every 3 years.
8. Review emergency response plans of public water systems.
9. The County invoices the DW program on a monthly basis for services not considered basic requirements.

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

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

D. HEALTH STATISTICS (VITAL RECORDS)

a. Current condition or problem - Health departments in Oregon are mandated by statute to collect and report certain health statistics to the State (i.e., electronic and paper data from birth and death certificates). Birth attendants initiate the birth certification process; and physicians and funeral directors initiate the death certification process.
With the implementation of the new EDRS system all birth certificates are processed at the local hospital and sent electronically to State Vital Records.
County Registrars complete the certification process by assuring the completeness, accuracy, confidentiality, and proper certification of births and deaths within six months after the event.
Analytical capacity exists at the State level to evaluate vital statistics for information to identify at-risk populations and assess trends over time. State Vital statistics give public health officials access to confidential information that allows for the establishment of effective public health interventions. For example, birth data is used on an on-going basis for the purpose of evaluating the effectiveness of public health programs; and death data is used to supplement communicable disease outbreak information and to map cases. At the State level, the Infant Mortality Review Committee receives data of fetal and infant deaths to support analysis of the perinatal system in an effort to promote healthier birth outcomes.
The purposes of maintaining vital statistics as a function of public health are to:

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

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

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

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

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

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

E. INFORMATION AND REFFERRAL

Previously described in Provision of Five Basic Health Services

F. PUBLIC HEALTH EMERGENCY PREPAREDNESS

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

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.

2010– 2012 Exercise / Training Plan

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

EPW = Exercise Planning Workshop (see guide)
S = Seminar (Orientation) **W =** Workshop **TTX =** Tabletop
D = Drills **FE =** Functional **FSE =** Full-scale

Event	Type	Capability	Proposed Date	Sponsor/Location
Fiscal Year 2010				
MCI Drill	FSE	Communication, Surge	4/26/10	Hospital, EM, EMS, Fire, LEA,PH; MVA in Garibaldi
Hospital Evacuation	FSE	Communication, Surge	TBD	Hospital, EMS, EM, Fire, PH,LEA in Tillamook.
Staff call down exercises	D	Communication	Quarterly	TCHD
Food Safety in event of disaster	TTX	Communication	Sept. 2010	TCHD, Community Mealsites and Food Service
Seasonal influenza immunization clinics	FE	Mass Prophy	Oct-Nov 2010	TCHD
Fiscal Year 2011				
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	2) Issue Date	This Action
Name: Tillamook County Health Office	February 16, 2010	AMENDMENT FY2010
Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	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	1,346	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 Farm 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	2) Issue Date	This Action
Name: Tillamook County Health Office	February 16, 2010	AMENDMENT FY2010
Street: P. O. Box 489 City: Tillamook State: OR Zip Code: 97141-0489	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.wcclp.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	2) Issue Date	This Action
Name: Tillamook County Health Office	February 16, 2010	AMENDMENT FY2010
Street: P. O. Box 489	3) Award Period	
City: Tillamook	From July 1, 2009 Through June 30, 2010	
State: OR Zip Code: 97141-0489		

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 **X** No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.

2. Yes **X** No ___ The Local Health Authority meets at least annually to address public health concerns.

3. Yes **X** 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 **X** No ___ Current local health department policies and procedures exist which are reviewed at least annually.

5. Yes **X** No ___ Ongoing community assessment is performed to analyze and evaluate community data.

6. Yes **X** No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.

7. Yes **X** No ___ Local health officials develop and manage an annual operating budget.

8. Yes **X** No ___ Generally accepted public accounting practices are used for managing funds.

9. Yes **X** No ___ All revenues generated from public health services are allocated to public health programs.

10. Yes **X** No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.

11. Yes **X** No ___ Personnel policies and procedures are available for all employees.

12. Yes **X** No ___ All positions have written job descriptions, including minimum qualifications.

13. Yes **X** No ___ Written performance evaluations are done annually.

14. Yes **X** No ___ Evidence of staff development activities exists.

15. Yes **X** No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes **X** No ___ Records include minimum information required by each program.

17. Yes **X** No ___ A records manual of all forms used is reviewed annually.

18. Yes **X** No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes **X** No ___ Filing and retrieval of health records follow written procedures.

20. Yes **X** No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.

21. Yes **X** No ___ Local health department telephone numbers and facilities' addresses are publicized.

22. Yes **X** No ___ Health information and referral services are available during regular business hours.

23. Yes **X** 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 **X** 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 **X** No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.

26. Yes **X** No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes **X** 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 **X** No ___ A system to obtain reports of deaths of public health significance is in place.

29. Yes **X** 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 **X** No ___ Health department administration and county medical examiner review collaborative efforts at least annually.

31. Yes **X** No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes **X** No ___ Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes **X** No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes **X** No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes **X** 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 **X** 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 **X** No ___ There is a mechanism for reporting communicable disease cases to the health department.

38. Yes **X** 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 **X** 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 **X** 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 **X** 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 **X** No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes **X** No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes **X** 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 **X** No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes **X** No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes **X** No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes **X** No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes **X** No ___ Training in first aid for choking is available for food service workers.

50. Yes **X** No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes **X** No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes **X** No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes **X** No ___ Compliance assistance is provided to public water systems that violate requirements.

54. Yes **X** No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes **X** No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes **X** No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes ___ No **X** A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

58. Yes **X** No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes **X** No ___ School and public facilities food service operations are inspected for health and safety risks.

60. Yes **X** 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 **X** A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes **X** No ___ Indoor clean air complaints in licensed facilities are investigated.

63. Yes **X** No ___ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes ___ No **X** The health and safety of the public is being protected through hazardous incidence investigation and response.

65. Yes **X** 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 **X** 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 **X** No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

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

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

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

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

72. Yes **X** No ___ All health department facilities are smoke free.

Nutrition

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

74. The following health department programs include an assessment of nutritional status:
    a. Yes **X** No ___ WIC
    b. Yes **X** No ___ Family Planning
    c. Yes **X** No ___ Parent and Child Health
    d. Yes ___ No **X** Older Adult Health
    e. Yes ___ No **X** Corrections Health

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

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

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

Older Adult Health

78. Yes **X** No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes **X** No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes **X** No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

Parent and Child Health

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

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

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

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

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

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

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

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

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

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

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

Primary Health Care

93. Yes **X** No ___ The local health department identifies barriers to primary health care services.

94. Yes **X** No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes **X** No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes **X** No ___ Primary health care services are provided directly or by referral.

97. Yes **X** No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes **X** No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes **X** 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	**TILLAMOOK**	**_04/27/2010_**
Local Public Health Authority	**County**	**Date**

VIII: APPENDICES

A. Organizational Chart of Tillamook County Health Department

B. Tillamook County Health Department 2009-2014 Strategic Plan