



**Tillamook County  
Health Department**

**"Our Mission..."**

To protect and foster the health of all people of Tillamook County"

The Tillamook County Health Department is committed to providing quality service & client understanding of available services within this department, without discrimination on the basis of: race, color, national origin, religion, gender, disability, political beliefs, age, sexual orientation, or religious creed.

## **Strategic Planning Background Information**

**Tillamook County Health Department  
Strategic Planning  
October 17, 2012**

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## I. Executive Summary

Tillamook County Health Department, also known as Tillamook County Family Health Centers, provides both traditional public health services and operates three community health centers which provide primary care services just like any other doctors' office. Because we provide both types of services, we have a unique opportunity to integrate public health services into our primary care clinics.

Tillamook County Public Health focuses on prevention and uses selected interventions to prevent the spread of disease and reduce health risks. Prevention strategies are population based and designed to improve the overall health of communities. For example, even though a client may never have stepped into our offices, by monitoring communicable diseases and keeping them in control, citizens can go into crowded places and not worry about getting infected with tuberculosis. Through childhood immunizations, we are striving to make this a safer place for all residents. Public Health is on call 24/7 to respond to any public health emergency or disaster that could affect our populations. Public health prevention measures also save taxpayers the costly expense of future medical treatment.

Tillamook County Public Health Department provides the basic public health services as dictated by Oregon Revised Statutes. These include prevention and control of communicable diseases, parent child health services including family planning, environmental health services, public health emergency preparedness, collection and reporting of health status, health information and referral to other community agencies and clinical service providers. Public Health is committed to providing services to the underinsured, uninsured, and needy residents of the County and to assist them to lead healthy and productive lives.

This past year and a half, we received the several grants that relate to both public health and primary care services which have allowed us to work with the community to establish new partnerships and enhance services. Highlights of these grants and related services include: (1) increased prenatal care and home visiting services for high-risk women and infants; (2) outreach and education to increase the number of women that breastfeed their babies beyond six months of age; (3) increase identification of women at-risk for prenatal and post partum depression and delivery of support services; (4) increase adult immunizations among high-risk populations and health care workers; (5) increase community preparedness for emergencies and natural disasters; and (6) placement of an Americorp VISTA to assist with worksite and community wellness programs. In addition to providing needed services, these programs/grants have provided additional revenue to the department that covers staff salaries, new equipment and supplies. As the Oregon Health Authority looks at requiring Health Departments to obtain national accreditation for public health, administration is pursuing funding to assist with the lengthy process and detailed requirements. Depending upon available funding, this process could start in 2012-13.

A couple of positive outcomes from this work include: 98% (2011-12) of high-risk mothers receiving early home visiting services gave birth to healthy birth weight babies compared to county rate of 94% (2009) for all births; and WIC enrollment has increased by over 100% with the cross-training of home visiting nurses and WIC staff and the addition of a part-time bilingual WIC staff, enrollment in WIC has increased by over 100%. In the light of this great news, there is still work to be done to address such as issues as increasing rates of sexually transmitted disease; continued high rate of tobacco use among pregnant women; maintaining links with community on emergency preparedness including vulnerable populations; decreasing rates of Tillamook County children up to date (UTD) on vaccinations; and uncertainty in state funding that threatens the core public health functions such as immunizations, family planning, HIV and STD work. Finally, County Health Rankings as published in March 2011 places Tillamook County 26 out of 33 counties in health rankings emphasizing the work we need to do to make our county a healthier place to live.

During the last two years, our primary care services have remained consistent. To this core of services we have expanded hours in the Tillamook Clinic, responded to continued high demand for acute care services, continued to improve utilizing of Electronic Health Records and responded to increasingly complex patient issues. In addition to clinic services, the Department continues to provide medical care for youth at the Oregon Youth Authority and in 2011-12 began providing medical services at the Tillamook County Jail.

After significant financial difficulties in 2010-11, the Department experienced a healthy fiscal year in 2011-12 with a positive cash balance at the end of the fiscal year. There was also a marked increase in provider encounters increasing from an average of 10 encounters per day per provider in 2010-11 to 13.2 in 2011-12. Currently, we are in the process of adding a mid-level provider to meet demand.

Although services have remained relatively constant, there have been a number of changes in primary care in terms of providers, clinical staff and service delivery model. With a relatively new group of staff committed to timely, accessible, quality care in the face of increasing demand, it became clear in 2011-12 that we need to reconsider our service delivery model. After much discussion with the Leadership Team, we determined that we need to implement a Patient Centered care model. Patient Centered Primary Care Home (PCPCH) or Patient Centered Medical Home is a system of care in which a team of health professionals work together to provide for all our patient health care needs both physical and behavioral using a coordinated team approach. A care team is comprised of a medical provider, nurse, medical assistant, case manager and behavioral health consultant. We use technology to assist in communication and coordination of care with a focus on assisting patients to self-manage their care.

Key components of the PCPCH are to improve health outcomes for patient populations with chronic disease and to assist patients in self-managing their chronic disease. This model fits well with Oregon's Health Care Reform goals, called "The Triple Aim": (1) Improved Patient Outcomes; (2) Reduced Costs/shared savings; and (3) Improved Population Health & Decreased Health Inequities. Oregon's Health Care reform work is designed to address national health care reform requirements. As a result Oregon is considered an "early implementer" with the newly established Coordinated Care Organizations, Insurance Exchange Network and Global Budgeting.

The challenge of implementing PCPCH is how to make a change in the care model while still providing services. Part of the challenge is time and resources to get this done. We did receive federal grant funding for a consultant to assist in the process with a goal of full implementation by fall 2012. The grant, paired with a dedicated staff at all levels has resulted in significant progress towards fully implementing PCPCH. In addition to this new model of care, once we are officially recognized by the State of Oregon as a PCPCH, we will receive a per patient per month payment for each of our Medicaid patients with qualifying conditions. This will allow us to better coordinate care for our complex patients. Our application for recognition was submitted on October 15, 2012. Additional grant funding was obtained in September 2012, which will allow us to continue to focus on improving our implementation of the PCPCH model during 2012-13 with a focus on improving health outcomes for patient with chronic disease.

Chronic disease in Tillamook County mirrors that of the United States. Further, the top eight causes of death in the County are similar to those in Oregon and the rest of the United State. However, Tillamook County's rates for cancer, heart disease, chronic lower respiratory disease and stroke are significantly higher than Oregon's rate for these chronic conditions. Our clinic patient population generally experiences higher rates of these same conditions. Further analysis of the percent of patients with chronic conditions and more than one chronic condition is needed in order to determine whether other services and intervention are needed.

In order to effectively manage chronic disease, it is imperative that care is coordinated to include behavioral health needs and issues. A big part of PCPCH is the integration of behavioral health into our clinic services. As a result, we have developed a partnership with Tillamook Family Counseling Center (Tillamook County's certified mental health provider for Medicaid members) and joined a National Behavioral Health Integration Learning Collaborative in August 2012. It is well known that Oregon experiences high rates of depression (approximately 27% of the population – Mental Health America 2007) ranking 37<sup>th</sup> out of 50 states, while our clinic patients identified with a depression diagnosis is only 5%. This might indicate a need for further analysis as integration is developed.

Other partnerships include: on-site domestic violence advocates and on-call services; Breast Health Coalition; Community Wellness Committee; and Coordinated Intake Project with CARE, Inc. These partnerships are vital to the overall health of our community and clients and are a way to improve access to and education about our services.

## II. Public Health Services Overview

### A. What does Public Health do for you?

- Connects you to Prenatal Care;
- Vaccinates kids, teens and adults;
- Promotes Safe Kids;
- Helps People manage diseases;
- Connects the Environment to your health.

### B. About the Oregon Public Health Division

- **Vision:** Lifelong health for all people in Oregon
- **Mission:** Promoting health and preventing the leading causes of death, disease and injury in Oregon;
- **Values:** Service excellence, Leadership, Integrity, Health equity, Partnership;
- **Goals:** Five-year goals and priorities.

#### 1. Values – Service Excellence:

- Understanding and responding to Oregon’s public health needs and the people we serve;
- Pursuing our commitment to innovation and science-based best practices;
- Fostering a culture of continuous quality improvement.

#### 2. Leadership:

- Building agency-wide and community-wide opportunities for collaboration;
- Fulfilling an innovative vision of public health science;
- Championing public health expertise and best practices;
- Creating opportunities for individual development and leadership;
- Adhering to public health principles and standards.

#### 3. Integrity:

- Working honestly and ethically in our obligation to fulfill our public health mission;
- Ensuring responsible stewardship of public health resources.

#### 4. Health Equity:

- Eliminating health disparities and working to attain the highest level of health for all people;
- Ensuring the quality, affordability and accessibility of health services for all Oregonians;
- Engaging underrepresented populations in the public health system through culturally specific and culturally competent approaches;
- Integrating social justice, social determinants of health, vulnerable populations, diversity and community;
- Protecting all individuals and communities in Oregon against the spread of disease, injuries and environmental hazards.

### **5. Partnership:**

- Working with stakeholders and communities to protect and promote the health of all Oregonians;
- Seeking, listening to and respecting internal and external ideas and opinions;
- Optimizing resources and leadership;
- Achieving public health goals in collaboration with our partners;
- Exploring and defining the roles and responsibilities of public health staff and partners.

### **C. Oregon's Public Health System:**

The Oregon public health system comprises federal, state and local agencies, private organizations and other diverse partners working together to protect and promote the health of Oregonians. Oregon needs a strong public health system to achieve better health outcomes at lower costs and to transform health care delivery and public health plays an important role in Oregon's health system transformation and Coordinated Care Organizations (CCO's).

## **III. State of Oregon Public Health Strategic Plan Overview**

### **A. Make Oregon one of the Healthiest States by:**

- Preventing tobacco use;
- Decreasing obesity/overweight;
- Reducing suicide;
- Preventing or reducing heart disease and stroke, increasing survivability;
- Preventing family violence;
- Increasing community resilience to emergencies.

### **B. Make Oregon's public health system into a national model of excellence by:**

- Transforming the public health system through public health accreditation;
- Supporting CCO's in achieving community health goals;
- Increasing the use of health impact assessments as a tool in communities;
- Maintaining excellence in surveillance;
- Establishing mechanisms that ensure health in all policies.

## **IV. Public Health Services**

### **A. Maternity Case Management**

The goal of the Maternity Case Management Program is to lower risks for the woman and her baby and to make sure she gets prenatal care by a health care provider such as a doctor, nurse practitioner or midwife. Maternity Case Management promotes positive pregnancy outcomes through education and support during pregnancy. Visits are provided in the expectant mother's home by public health nurses. Nurses visit the home and determine safety, nutrition status, emotional needs and relationship support. The nurse will help with health, social, economic, and dietary parts of her life that are important for a healthy pregnancy and in planning for her labor and delivery. Other

interventions include telephone contacts, educational services, information and appropriate referrals.

There are seven required training topics of the MCM program:

- Early childhood cavity (caries) prevention
- Immunizations (shots)
- Lead exposure and screening
- Mother to child HIV infection prevention
- Tobacco use and exposure (secondhand smoke)
- Fetal Alcohol Syndrome
- Maternal oral (dental) health

Maternal Case Management helps identify pregnancy problems or illnesses which the woman may have had in the past and might require immediate referral to health care. They offer referrals and the “5A’s” as brief interventions to help pregnant women quit using tobacco. Pregnant women who have identifiable risk factors, use alcohol, tobacco, or other drugs are eligible for MCM services.

MCM services are covered by the Oregon Health Plan (OHP) for women who have incomes up to 185% of the Federal Poverty Level (FPL).

In 2011, the Health Department applied for and received a grant to provide additional outreach to high-risk women and coordination of services with other Home Visiting programs in the County. The grant provided funding that allowed the Department to hire an additional nurse and to seek to meet the demand for home visiting services. The grant also provides funding the Healthy Families~Healthy Start program to serve high risk families with their first baby. Our programs work together to identify families, screen for risk, and provide home-based services in order to improve positive birth outcomes, increase the number of infants and children that are immunized and linked to a primary care provider for well child visits and decrease risks for child abuse and neglect.

## **B. Babies First Home Visits**

Babies First is a developmental screening program for children at risk of developmental delay due to a variety of risk factors including: premature birth; drug exposed infant during pregnancy; low birth weight; age of the parent/caregiver; low income/poverty; and many other factors. The majority of referrals are from hospitals at the time of birth

Babies First targets children from birth to age five. Potential problems can be detected quickly and interventions started and monitored regularly. Public health nurses conduct in-home health and developmental screening for participating children on a regular basis. The nurses work closely with the families on parenting skills, health education, advocacy, and referrals to services in other agencies. Babies First focuses on helping families learn to care for and better understand their children.

### Babies First Services:

- Nurses provide home visits to pregnant women, new families, and children with special health needs
- Provide intensive home visits (weekly) to first time parents
- Provide education on prenatal care
- Provide education and information on child development
- Perform development testing
- Offer support to families
- Provide immunizations and WIC
- Offer support for smoking cessation
- Connect clients to other helpful services

The Babies First program identifies infants and young children who are deemed "at risk" in an attempt to prevent poor health and developmental outcome.

### **C. CaCoon**

CaCoon (CAre COordinatiON) is a public health nurse home visiting program for families who have children with special health needs. Services are provided for children from birth through 21 years of age, who have chronic health conditions or disabilities. CaCoon services are available to all families regardless of income. This program provides support for families in the community by helping parents find resources and coordinating services.

A public health nurse works with the family to assure that both medical and developmental needs are addressed in order to gain medical stability and optimal growth and development.

CaCoon improves the health and well-being of children born with special needs by ensuring that they receive needed services to help overcome and cope with their health condition. CaCoon helps families learn that while having a child with special needs can be stressful, they can learn to recognize milestones in development and celebrate those successes. CaCoon also helps families find resources or develop the skills to meet their own needs.

### **D. Communicable Diseases Program**

The Communicable Disease Program staff monitors all reportable communicable diseases, investigates disease outbreaks, epidemics and analyzes disease prevalence within Tillamook County. We also provide prevention information and educational materials to schools, medical providers, and the public.

When someone in Tillamook County tests positive for a reportable communicable disease, they are contacted by our staff to assess the situation, determine potential exposure to others, and assist them in obtaining necessary testing and treatment to limit the severity of the illness and control the spread of the disease. Our epidemiology staff works closely with clinicians throughout the community and State Public Health officials

in this effort. Immunizations are provided.

Testing and treatment for latent or active tuberculosis (TB) is managed through the Health Department. Patients are followed until treatment is completed. Charges for services are on a sliding fee scale but all TB medications are given to the client without charge.

Testing for HIV is done in our clinic confidentially or anonymously by making an appointment. Testing is also available for Hepatitis A, B and C. In some cases the Hepatitis C test can be obtained at no cost.

### **E. Family Planning**

Tillamook County Health Departments and Centers for Family Health provide birth control and reproductive health services to all area women of reproductive age. Health Center services are staffed by qualified health professionals.

Prescription and non-prescription contraception of the woman's choice are available through the Centers. These include birth control pills, shots, contraceptive patch, contraceptive ring, intrauterine devices (IUDs), diaphragms and other barrier methods, as well as foam, condoms, and natural family planning.

In addition, physical exams including necessary lab testing needed for prescribed birth control and evaluation and treatment of sexually transmitted infections are provided through the Centers.

Tillamook County Health Centers also provide pregnancy testing and pregnancy options counseling, birth control methods counseling, and other related education and counseling. Emergency contraception (Plan B) is also available.

All fees for services are based on income by a sliding fee scale. Medicaid (Oregon Health Plan) and private insurance are accepted.

In addition, women under 185% of Federal Poverty Level who meet citizenship and residency requirements are eligible to receive free birth control services and supplies through the Family Planning Expansion Project. Clients must provide proof of citizenship or sign a consent form to obtain a birth certificate. Picture identification is required.

All services provided at the Health Centers are confidential. Parents, partners and friends cannot get any information about a patient's care at the Health Centers unless they have written permission by the patient to speak with them.

### **F. Immunizations**

A seasonal flu vaccination is especially recommended for people with chronic medical conditions, pregnant women, people living or caring for babies six months and younger or people who are unable to be vaccinated because of health reasons, and all health care workers. Some children ages 9 and under may need two doses of seasonal flu to provide

the best protection.

Seasonal flu vaccines consist of three likely influenza strains: H1N1, H3N2 and Influenza B (all three strains are co-circulating around the world). People who were vaccinated against H1N1 last year are still strongly advised to get the seasonal flu shot this fall; it protects against three strains, and we don't know which will predominate this coming season. Even if someone was vaccinated last year for the 2009 H1N1 virus, it may not provide full protection for this season.

The CDC says that even though the World Health Organization declared the H1N1 pandemic officially over in August 2010, the H1N1 virus will likely continue to spread for years to come, like a regular seasonal influenza virus.

Every year in the United States, on average, 5% to 20% of the population gets the flu; more than 200,000 people are hospitalized from flu complications, and; about 36,000 die from the flu.

### **G. Adult Immunizations Special Project 2012-2013**

As a result of grant funding received in August 2012, the Department is able to address the need for increased adult immunizations in the county for at-risk populations including health care workers. The goal of this project is to strengthen Oregon's adult immunization infrastructure to increase access to adult vaccines. To achieve this goal, local health departments will work with pharmacies, non-healthcare employers, healthcare institutions, community health centers, and long-term care facilities.

Affordable Care Act funds through the Oregon Immunization Program (OIP) are provided to local health departments (LHD's) to partner with pharmacies, large non-healthcare employers, community health centers, healthcare institutions, and long-term care facilities to increase influenza and Tdap vaccination rates. LHDs will report their activities and expenditures monthly to the OIP project coordinator. The project coordinator will provide technical assistance to LHDs by phone and in-person, and oversee local and state reporting and evaluation activities. The project coordinator will also produce six-month progress and final project reports, both of which will include state and local summaries. Project funds may not be used to purchase vaccine

LHDs will:

- Establish partnerships with pharmacies to initiate or increase influenza and/or Tdap adult immunization by 10% or more;
- Develop or improve relationships with non-healthcare employers with at least 50 employees with the goal of each employer offering at least one employee influenza and/or Tdap adult vaccination program;
- Work with community health centers in their county to expand adult influenza and/or Tdap immunization services;
- Work with healthcare institutions to improve healthcare worker influenza vaccination rates with a goal of increasing coverage by 10%;

- Work with long term care (LTC) facilities to increase employee influenza vaccinations by 10%.

## **H. Ryan White HIV Case Management Services**

The Ryan White Program provides the services of a Registered Nurse Case Manager for people of all ages living with HIV. Any person living with an HIV/AIDS diagnosis is eligible for case management services through the Ryan White Program.

Case management services provide individuals living with HIV support for obtaining needed medical care by offering information and referral to agencies that are able to assist clients with: health insurance, medications, transportation to medical appointments, addiction and mental health counseling, housing, and disability services. The nurse case manager offers education to help clients understand the disease process, self-care, and use and monitoring of their medications. Further supportive services offered are based on Federal Income Guidelines which are determined through the Ryan White Program application.

Changes are underway in this service area as the state looks to create regional service delivery models and reduced funding to counties.

## **I. School Nursing**

School nursing services are based on the public health model of school nursing and are designed to improve the health of the whole school community, with additional services dedicated to vulnerable groups such as the uninsured and those living in poverty. Registered nurses provide the school nursing care to Tillamook County Schools. Our school nurses are in an ideal position to identify and address the health needs of this target population.

Primary services of school nurses are:

- Health screening and subsequent 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

Additional Services:

- Immunizations
- Communicable disease surveillance and control
- Health promotion and education
- Case management for students with complex health conditions

## **J. Nutrition for Women, Infants, & Children (WIC)**

WIC - the Special Supplemental Nutrition Program for **W**omen, **I**nfants, and **C**hildren - is a nutrition education and food supplement program for women, infants and children

with/or at risk of developing nutrition-related health problems. To receive WIC services, participants must be at or below 185% of the Federal Poverty Level. Participants must also have a medical or nutritional risk to qualify for WIC.

WIC services include monthly supplemental food vouchers, health and nutrition screenings, individual nutrition counseling and group nutrition classes, and referrals to health and social services. In Tillamook County, the Main Clinic and South County Clinic provide WIC services. There is no charge for WIC services.

A nutrition education and supplemental food program for:

- Pregnant women
- Breastfeeding women
- Non-breastfeeding women with infants under 6 months of age
- Infants and children under 5 years of age

Mothers, fathers, guardians, or foster parents are welcome to apply for their children.

During 2011 the WIC program received recognition for exceptional effort in serving the eligible families in Tillamook by increasing enrollment by over 100%. Additionally, the program applied for and received supplemental funding to coordinate medical provider and home visiting staff to increase the number of women that are breast feeding their babies beyond six months.

## **K. Breast and Cervical Cancer Project (BCCP)**

### **Screening Saves Lives**

The Oregon Breast and Cervical Cancer Program (BCCP) helps low-income, uninsured, and medically underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers. Each year, approximately 7,000 eligible individuals receive screening services.

Program funding is provided by the Centers for Disease Control and Prevention and Susan G. Komen for the Cure, Oregon and SW Washington Affiliate. Eligibility hotline is provided in partnership with the American Cancer Society.

### **BCCP Eligibility Requirements**

- Oregon Resident (client lives or intends to live in Oregon);
- Household income level is below 250% of the Federal Poverty Level;
- Client is uninsured, or client's insurance does not pay for preventative health exams, e.g. mammograms, or there is an unmet \$500 deductible or more (BCCP does not cover co-pays);
- Women over 40 years of age are eligible for annual breast and cervical cancer screening;
- Women under 40 years of age must have symptoms of breast or cervical cancer to be enrolled;
- Men of all ages must have symptoms of breast cancer to be enrolled.

## L. Breast and Cervical Cancer Treatment Program (BCCTP)

Women can be enrolled in the BCCTP, which is a portal to OHP Plus for breast and/or cervical cancer treatment, including specific pre-cancerous conditions.

## M. Parent Education

Tillamook Family Counseling Center, in partnership with TCHD, provides screening and mood management skills training for women who are at high-risk for post-partum depression within Tillamook County boundaries. TCHD employs a qualified person or persons, to administer the Mood Screener developed by Ricardo Munoz, Ph.D., as the screening tool and the Edinburgh Postnatal Depression Scale.

Based on that scale, the Mothers and Babies: Mood and Health Research Program course is administered to assist in the prevention of the onset of perinatal depression and improving the mental health of families. This course focuses on underserved populations, including low-income and ethnically diverse populations. Currently, the focus is on predominantly Spanish-speaking Latino populations.

This course provides:

- Developing, evaluating, and implementing evidence-based interventions to prevent the onset of major depression during pregnancy and postpartum;
- Conducting research relevant to improving the mood and health of families;
- Conducting research with ethnically diverse and underserved populations, as a means to reduce health disparities;
- Training and supporting graduate and undergraduate students with interest in clinical psychology and related areas, and collaborating with other researchers nationally and internationally.

## N. Tobacco Use Prevention

Oregon's Tobacco Prevention and Education Program (TPEP) was launched in 1997 with a clear and simple mandate — to reduce tobacco-related illness and death. Since its inception, TPEP has been a comprehensive program addressing the issues of tobacco use; and Oregon's anti-tobacco efforts are saving lives and money.

TPEP is part of the [Health Promotion and Chronic Disease Prevention Section](#) in the [Center for Prevention and Health Promotion](#).

Tillamook County Health Department Tobacco Prevention and Education Program serves to address these state mandates by addressing policy and practices in the county designed to reduce tobacco use and tobacco related illness. Our work plans, over the past several years (per agreements with Oregon Health Authority), have addressed policy changes to reduce exposure to second hand tobacco smoke.

Key priorities continue to be to work for specific policy objectives to reduce exposure to tobacco products and the influence of tobacco marketing in Tillamook County.

Work plans have been formed based on national and state best practice standards in public health. Working closely with community leaders based on political and social realities has been a priority. Incrementally, progress is outlined below.

**Accomplishments:**

1. As of June, 2012, Policies to remove exposure to tobacco products are now in place in the following settings in accord with State and CDC best practice:
  - a. Tillamook County General Hospital/Health Centers have been designated tobacco/smoke-free zones.
  - b. Tillamook County Health Department grounds/properties have been designated tobacco free zones. Signage is posted.
  - c. Tillamook Family Counseling is designated as a tobacco free zone. Signage is posted.
  - d. Tillamook County Fairgrounds has been designated as a tobacco-free/smoke-free zone. Signage is posted. Additional signs may need to be posted effective summer of 2012.
  - e. To date, main Court House property has a 30-foot setback policy regarding tobacco use. A survey is nearing completion about county employee attitudes/concerns regarding tobacco use on properties. A wellness@work project is now underway to address both policy and educational priorities in collaboration with State and National partners. Tobacco use will ultimately to be addressed through this project. Assurance of support for tobacco cessation and reduction of exposure to tobacco are all high priorities of public health in the workplace.

Reduction of exposure to tobacco smoke in dwellings continues as landlords increasingly forbid smoking in units. At this time the majority of multi-unit properties in Tillamook County do not allow smoking in their units. This is becoming the standard of practice. The Northwest Oregon Housing Authority has three complexes. One complex remains to be converted to non-smoking. Surveys of multi-unit owners (duplexes and larger) have indicated that about half have no-smoking policies in place.

Tillamook primary care providers, as part of changes in health care system, are standardizing policies and recordkeeping to assure that clients are screened for smoking/tobacco use and referred to 1800 QUIT NOW.

Tillamook County Wellness Committee, the Tillamook County Community Health Advisory Committee, and the Board of County Commissioners continue to support the reduction of exposure to tobacco—and Big Tobacco’s influence—in Tillamook County, recognizing the tobacco is the leading cause of early morbidity and mortality in the county due to complex multi-system chronic diseases. Continuing to reduce tobacco use remains an important priority in reducing loss to the economy and increasing the health of Tillamook County residents.

## V. Environmental Health

Environmental health addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive environments. This definition excludes behavior not related to environment, as well as behavior related to the social and cultural environment.

Tillamook County Environmental Health (EH) department licenses and inspects approximately 300 facilities in the county. These include restaurants, mobile units, pools & spas, RV parks, organizational camps, bed and breakfasts and motels. These facilities (except motels) receive **at least** two unannounced inspections annually. Motels and camps are typically inspected once a year. In addition to licensed facilities, EH also inspects schools, Headstart operations, daycares, senior meal sites and national school lunch program preparation and serving sites. Food safety classes are provided on-site, on-line or off-site, approximately 200 food handler cards are issued annually.

Environmental Health conducts other services such as:

- Licenses and inspects approximately 250 benevolent and non-benevolent temporary restaurants that include farmers markets, fairs and festivals;
- Water system surveys on approximately 50 public drinking water systems on a 3-5 year rotation. In addition, EH investigates all water quality alerts, provides technical assistance to water systems and consults with priority non-compliers;
- Involved with emergency preparedness, taking a rotation on the on-call calendar, designing and participating in preparedness exercises, and participating in local preparedness drills, plans and strategies;
- Investigates all communicable diseases related to water or food and animal bites and becomes actively involved with communicable disease outbreaks;
- Maintains a website full of information on all our programs, public health alerts, recalls, inspection reports, facility applications and information. The department also fields a variety of phone calls related to the environment.

## VI. Primary Care Services Overview

A. Tillamook County Health Department and Centers for Family Health has operated in Tillamook County for over 20 years. We serve the residents of Tillamook County by providing a wide range of family primary care services. We serve about 5100 patients a year totaling about 24,500 patient encounters/visits per year. We serve a diverse population with a range of incomes but serve a large percentage of low income households. Approximations of the mix of payers to the clinics are as follows:

- 39% of our clients are uninsured;
- 31% are covered by Medicaid under the Oregon Health Plan;
- 14% are Medicare patients;
- 16% are covered by a variety of different private insurances.

Locations, Telephone & Hours:

**Tillamook Central Health Department and Centers for Family Health**

<p>► <b>Tillamook Family Health Center</b>  <b>Location:</b>                  801 Pacific Avenue                  PO Box 489                  Tillamook, OR 97141                  Toll Free: 800-528-2938                  TTY: Oregon Relay Service 800-735-2900                  Fax: 503-842-3903  <b>Hours:</b>                  Monday 8 AM to 7 PM                  Tuesday 8 AM to 5 PM                  Wednesday 9 AM to 5 PM                  Thursday 8 AM to 7 PM                  Friday 8 AM to 5 PM</p>	<p><b>Health Department Administration</b>  <b>Location:</b>                  801 Ivy Avenue, Suite B                  Tillamook, OR 97141  <b>Hours:</b>                  Monday thru Friday, 8 AM to 5 PM</p>
<p>► <b>North County Health Center</b>  <b>Location:</b>                  276 South Hwy 101                  Rockaway Beach, OR 97136                  503-355-2700                  Fax: 503-355-2702  <b>Hours:</b>                  Monday 8 AM to 5 PM - Nurse only                  Tuesday 8 AM to 5 PM                  Thursday 8 AM to 5 PM</p>	<p>► <b>South County Health Center</b>  <b>Location:</b>                  34335 South Hwy 101                  Cloverdale, OR 97112                  503-392-4200                  Fax: 503-392-4300  <b>Hours:</b>                  Monday 8 AM to 5 PM                  Wednesday 9:30 AM to 5 PM</p>

**B. Medical Services:**

- Preventative Care
- Acute Care
- Chronic Care
- Minor Emergencies
- Minor Procedures
- Well-Child Care
- Sports Physicals
- Pediatrics
- Dermatology (Skin Care)
- Gerontology (Senior Health)
- Health Promotion/Maintenance Classes
- 24-Hour Telephone Access to Medical Provider for Established Patients
- Nurse Triage & Telephone Access during office hours
- Electronic Health/Medical Records
- Patient Electronic Access to Health Records through My Chart
- Jail and Youth Authority Medical
- Dental: Intake, Referral & Reduced fee

## VII. Health Center Basics

For more than 45 years, HRSA-supported health centers have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.

Health centers are community-based and patient-directed organizations that serve populations with limited access to health care. Other requirements for health centers are as follows.

1. **Health Center Program Fundamentals: Located in or serve a high need community** (designated Medically Underserved Area or Population).
  - Tillamook Service Area – ID# 03930; Type - MUA; Score 61.30; Designation Date 08/10/1992.
2. **Governed by a community board** composed of a majority (51% or more) of health center patients who represent the population served.
  - An essential and distinguishing element of the Health Center Program is governance by and for the people served. Health centers funded by HRSA must have a governing body which assumes full authority and oversight responsibility for the health center. Governance requirements for health centers are addressed in law, regulations, and policies.
  - Health center governing boards must maintain an acceptable size, composition, and meeting schedules. The governing body must have at least nine but no more than 25 members.
  - Health center boards are comprised of individuals who volunteer their time and energy to create a fiscally and managerially strong organization for the purpose of improving the health status of their communities.
  - **At least 51 percent** of the board's members must be patients or “consumers” of the health center.
  - **These consumer board members must reasonably represent** the individuals served by the health center in terms of demographic factors: ethnicity; race; sex; and where possible, it is encouraged that socioeconomic status be considered as well.
  - **The remaining non-consumer members** of the board (49 percent or less) must be representatives of the area served by the center and have expertise in community affairs; Federal, State, and local government; accounting; health administration; health professions; business; finance; banking; legal affairs; trade unions; insurance; and personnel management as well as social services such as religion, education, and welfare.
  - **No more than half of these remaining, non-consumer members** of the board (49 percent or less) can not earn more than 10 percent of their income from the health care industry. (Example: if the

board has 10 members, then no more than 4 members may be “non-consumers” of the center's services. Of those four, only two members may earn more than 10 percent of their income from the health care industry.)

Employees of the health center and their spouses, children, parents, or siblings (through blood or marriage) cannot be members of the health center governing board.

In general, the health center governing board should have at least enough members to:

- Represent all segments of the community
- Represent all areas of expertise required
- Complete the work needed without overloading some or all of the board members.

- 3. Provide comprehensive primary health care** services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
- 4. Provide services that are available to all** with fees adjusted based on ability to pay.
- 5. Meet other performance and accountability requirements** regarding administrative, clinical, and financial operations.

## VIII. Federally Qualified Health Center

Tillamook County’s primary care clinics in Tillamook, Cloverdale and Rockaway Beach are Federally Qualified Community Health Centers (FQHC). These are sometimes referred to as simply Community Health Centers, or CHC’s. A FQHC is a type of Community Health Center. In Tillamook County, we call our FQHC’s Family Health Centers. An FQHC is a type of provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. Requirements for Indian Health Service funded FQHCs may differ from the requirements for FQHCs receiving Section 330 grants and for FQHC Look-Alikes.

**Grant-Supported Federally Qualified Health Centers** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(1)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

There are many benefits of being an FQHC. For FQHCs that are PHS 330 grant recipients, the biggest benefit is the grant funding. Additionally benefits include:

1. Cost-based reimbursement for services provided under Medicare
2. Reimbursement under the Prospective Payment System (PPS) or other State-approved Alternative Payment Methodology (APM) for services provided under Medicaid
3. Medical malpractice coverage through the Federal Tort Claims Act
4. Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
  - The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. The 340B Drug Pricing Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes and qualified hospitals. Participation in the Program results in significant savings estimated to be 20% to 50% on the cost of pharmaceuticals for safety-net providers. The purpose of the 340B Program is to enable these entities to stretch scarce federal resources, reaching more eligible patients and providing more comprehensive services.
5. Access to National Health Service Corps
  - Primary care providers can pay off student loans while serving in communities with limited access to health care.
  - Students pursuing careers in primary care can receive scholarships for serving communities in need upon graduation and completion of training.
  - Clinical practice sites can recruit and retain qualified providers by becoming an NHSC-approved site.
6. Access to the Vaccine for Children Program
  - The Vaccines For Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—i.e., state health departments and certain local and territorial public health agencies—which in turn distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are **eligible\*** for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).
7. Eligibility for various other federal grants and programs

## IX. Patient Centered Medical Home (PCMH)

Tillamook County Family Health Centers are implementing a new model of care called Patient Centered Medical Home (PCMH). A patient-centered medical home is a system of care in which a team of health professional's work together to provide all of our patients' health care needs. We use technology such as electronic medical records to communicate and coordinate your care and provide the best possible outcomes for patients.

The patient is the most important part of a patient- centered medical home. When the patient takes an active role in their health and works closely with our team, they can be sure that they're getting the care they need.

### 1. Principles of the Patient-Centered Medical Home

- a. **Personal Provider:** Each patient has an ongoing relationship with a personal provider trained to provide first contact and continuous, comprehensive care. In addition, their personal provider leads a team of individuals who collectively take responsibility for your ongoing care.
- b. **Whole Person Orientation:** A personal provider is responsible for providing all of the patients' health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life: acute care, chronic care, preventative services, and end of life care.
- c. **Care is coordinated or integrated:** A provider and healthcare team will coordinate the patients' care with other elements of the health care system, such as subspecialty care, hospitals, home health agencies, and nursing homes. They are also equipped to integrate this care with the patients' family and any public and private community services that they may currently use or that may be of benefit to them. The Patient Centered Medical Home uses a vast array of information technology, registries, health information exchange, etc., to make sure patient's get the care they need when and where needed.
- d. **Quality and Safety:** By centralizing a patient's care in one place, the potential for errors is minimized. Moreover, by putting the focus on the patient, the quality of care is enhanced.

### 2. Staff comprising the Patient Centered Care Team

The primary care provider leads the care team. The team may include specialized doctors, nurses, health educators, and other health care professionals such as pharmacists or physical therapists. Our team acts as "coaches" who help the patient get healthy, stay healthy, and get the care and services that are right for them and their families. The patient is center of the care team.

**3. Tillamook County Family Health Centers’ Care Teams**

<b>Blue Team:</b>	
<b><u>Provider</u></b>	<b><u>Clinical Supprt</u></b>
Marty Caudle, PA	Kathy, MA
Dr. Anne Zimmerman	Brianna, MA
Dr. Paul Betlinski	Autumn, RN
<b><u>Nurse</u></b>	Jeanette, RN
<b><u>Case Manager</u></b>	Emily
<b><u>Nurse Manager</u></b>	Autumn, RN

<b>Red Team:</b>	
<b><u>Provider</u></b>	<b><u>Clinical Supprt</u></b>
Dr. John Zimmerman	Rose, MA
Erin Oldenkamp, PNP	Andi, MA
Donna Jose, ANP	Omar, MA
<b><u>Nurse</u></b>	Katie, RN
<b><u>Case Manager</u></b>	Jessica
<b><u>Nurse Manager</u></b>	Autumn, RN

**4. Patient Centered Care In the State of Oregon.**

Under the National Affordable Care Act and Oregon’s enactment of reform, the state and federal government are looking at best practices to target three things: (1) save costs; (2) increase quality; and, (3) improve health outcomes. These targets are frequently referred to as the triple aim. The Patient Centered Medical Home is the model is one of the tools that will be used to accomplish this triple aim. The State of Oregon, is moving quickly to reform health care and to achieve the triple aim in order to address increasing budget deficits and increased health care costs. To this end, the State has requested a waiver or change in the rules about how Medicaid funding is used in Oregon. One change includes implementing the Patient Centered Medical Home (PCMH) model as quickly as possible. This request has been granted and Oregon has launched the Patient Centered Primary Care Home (PCPCH). The Oregon model mirrors the national PCMH model. Oregon has begun our own review and recognition process to make sure that PCPCHs in Oregon are meeting best practice standards. The Oregon standards also mirror the National recognition process PCMH. Oregon’s recognition process is in full swing with over 35 health centers in Oregon already recognized. The process in Oregon is less rigorous than the National process and there is little to no auditing of sites during the initial application process. Once a site is recognized as a PCPCH in one of three tiers, then the Health Center site can apply to receive increased monthly reimbursement for each Medicaid patient that meets the qualifying criteria relating to chronic conditions. The HD submitted for recognition in October 2012.

## X. Tillamook County Health Department Finances

### A. Fiscal Year-2012 Budget Revenue and Expenditures

#### Tillamook County Health Department Statement of Revenue and Expenses From 07-01-2011 to 06-30- 2012

170 - Health Services Fund

		<u>Total Budget \$ - Original</u>	<u>Current Period Actual</u>	<u>Current Year Actual</u>	<u>YTD Revised Budget Variance</u>
Revenues					
Federal Grants	4225	1,807,166.00	2,029,238.64	2,029,238.64	222,072.64
State Grants	4250	416,419.00	260,672.08	260,672.08	(155,746.92)
Donations	4269	3,500.00	505.00	505.00	(2,995.00)
Rent	4280	1,800.00	1,800.00	1,800.00	0.00
Local/Community Funding	4290	47,000.00	40,192.00	40,192.00	(6,808.00)
Health Dept Fees	4370	40,000.00	28,753.39	28,753.39	(11,246.61)
Medicaid (was Medicaid FQHC)	4371	701,100.00	582,205.83	582,205.83	(118,894.17)
Environmental Health	4372	148,000.00	143,612.24	143,612.24	(4,387.76)
Self Pay (was patient fees)	4373	300,800.00	296,405.07	296,405.07	(4,394.93)
Insurance (was patient ins fees)	4374	314,000.00	273,253.62	273,253.62	(40,746.38)
Other Medicaid/Medicare	4375	262,600.00	208,676.53	208,676.53	(53,923.47)
Prescription Program	4376	125,000.00	102,796.13	102,796.13	(22,203.87)
School Contracts	4378	76,380.00	77,060.00	77,060.00	680.00
Contracted Provider Services	4379	60,000.00	35,607.50	35,607.50	(24,392.50)
FP Expansion Project Fees	4381	179,400.00	121,103.16	121,103.16	(58,296.84)
Uncollectable Allowance	4384	17,000.00	9,924.09	9,924.09	(7,075.91)
Medical Managed Care Fees	4386	314,000.00	214,058.19	214,058.19	(99,941.81)
EMR Medicaid Incentive	4387	89,250.00	85,000.00	85,000.00	(4,250.00)
Refunds & Reimbursements	4670	0.00	10,364.25	10,364.25	10,364.25
Reimbursement/Retiree Health	4671	0.00	342.55	342.55	342.55
Insurance					
Miscellaneous Revenue	4690	4,011.00	4,088.17	4,088.17	77.17
Interest	4699	0.00	221.80	221.80	221.80
Transfer from General Fund	4800	158,000.00	158,000.00	158,000.00	0.00
Loan Proceeds	4901	<u>0.00</u>	<u>22,882.00</u>	<u>22,882.00</u>	22,882.00
<b>Total Revenues</b>		<b><u>5,065,426.00</u></b>	<b><u>4,706,762.24</u></b>	<b><u>4,706,762.24</u></b>	<b>(358,663.76)</b>
Expenditures					
Personal Services					
Salaries					
Department Head	5100	65,312.00	59,108.67	59,108.67	6,203.33
Management/Supervisory	5200	547,151.00	406,906.28	406,906.28	140,244.72
Professional/Technical	5300	695,876.00	579,957.99	579,957.99	115,918.01
Administrative/Clerical	5400	685,333.00	574,356.14	574,356.14	110,976.86
Skilled/Service/Maint Worker	5500	39,650.00	37,894.76	37,894.76	1,755.24
Part-Time/Temporary	5600	279,252.00	379,514.07	379,514.07	(100,262.07)

**Tillamook County Health Department**

**Strategic Planning Background Information**

Out of Class Pay	5896	3,300.00	10,307.51	10,307.51	(7,007.51)
Leave Buy Out	5897	4,125.00	20,436.00	20,436.00	(16,311.00)
Overtime	5899	<u>0.00</u>	<u>13,583.21</u>	<u>13,583.21</u>	(13,583.21)
Total Salaries		2,319,999.00	2,082,064.63	2,082,064.63	237,934.37
Taxes & Benefits					
Employer's FICA	5950	185,622.00	151,336.19	151,336.19	34,285.81
Worker Compensation	5955	31,646.00	18,965.92	18,965.92	12,680.08
Unemployment	5960	0.00	36,099.60	36,099.60	(36,099.60)
Health & Life Insurance	5965	616,771.00	440,332.90	440,332.90	176,438.10
Retirement	5970	406,666.00	307,747.06	307,747.06	98,918.94
VEBA	5980	<u>39,662.00</u>	<u>33,556.75</u>	<u>33,556.75</u>	6,105.25
Total Taxes & Benefits		<u>1,280,367.00</u>	<u>988,038.42</u>	<u>988,038.42</u>	292,328.58
Total Personal Services		3,600,366.00	3,070,103.05	3,070,103.05	530,262.95
Materials & Services					
Office Supplies	6001	13,000.00	16,094.65	16,094.65	(3,094.65)
Non-Capital Equipment	6004	10,000.00	21,480.19	21,480.19	(11,480.19)
Operating Supplies	6005	30,000.00	29,555.52	29,555.52	444.48
Small Tools & Minor Equipment	6007	2,001.00	1,959.64	1,959.64	41.36
Computer Software & Licensing	6009	99,998.00	98,755.50	98,755.50	1,242.50
Computer Supplies	6011	2,000.00	0.00	0.00	2,000.00
Fuel & Lubricants	6030	5,000.00	4,541.90	4,541.90	458.10
Drugs & Vaccines	6110	69,000.00	64,698.78	64,698.78	4,301.22
Patient Prescriptions	6111	70,000.00	65,036.08	65,036.08	4,963.92
Prescription Labeling	6112	749.00	597.00	597.00	152.00
Patient Special Needs	6114	3,000.00	3,974.38	3,974.38	(974.38)
Patient Transportation	6115	0.00	37.00	37.00	(37.00)
Printing & Advertising	7001	16,000.00	19,043.91	19,043.91	(3,043.91)
Books & Publications	7003	1,100.00	1,145.56	1,145.56	(45.56)
Postage & Shipping	7005	4,000.00	4,379.09	4,379.09	(379.09)
Telephone	7007	23,000.00	20,784.94	20,784.94	2,215.06
Bank Fees	7013	2,000.00	2,053.92	2,053.92	(53.92)
Public Relations	7022	399.00	438.46	438.46	(39.46)
Memberships & Dues	7050	8,261.00	6,246.83	6,246.83	2,014.17
Workshops & Conferences	7052	2,000.00	2,580.00	2,580.00	(580.00)
Employee Training/Education	7053	1,500.00	2,192.27	2,192.27	(692.27)
Provider CME Training	7054	7,500.00	790.00	790.00	6,710.00
Travel & Mileage	7080	15,001.00	17,585.57	17,585.57	(2,584.57)
Professional Services	7101	30,000.00	37,732.74	37,732.74	(7,732.74)
Contracted Services	7105	442,000.00	354,544.92	354,544.92	87,455.08
Lab Tests	7210	20,000.00	17,588.99	17,588.99	2,411.01
Rent	7401	100,000.00	97,114.88	97,114.88	2,885.12
Utilities	7410	19,000.00	17,551.37	17,551.37	1,448.63
Water Fees	7415	751.00	737.38	737.38	13.62
Sewer Fees	7416	1,000.00	999.38	999.38	0.62
Garbage Collection	7420	5,001.00	4,761.40	4,761.40	239.60
Janitorial Services	7430	8,000.00	16,797.72	16,797.72	(8,797.72)
Janitorial Supplies	7431	4,000.00	3,947.42	3,947.42	52.58
R&M/Building & Grounds	7450	2,000.00	4,497.98	4,497.98	(2,497.98)
R&M/Office Equipment	7601	4,000.00	2,985.21	2,985.21	1,014.79
R&M/Vehicles	7603	2,000.00	2,600.95	2,600.95	(600.95)
R&M/Equipment	7605	1,500.00	2,099.00	2,099.00	(599.00)

**Tillamook County Health Department**

**Strategic Planning Background Information**

Storage Rental	7611	10,000.00	10,865.00	10,865.00	(865.00)
Rebates & Refunds	7880	0.00	3,476.69	3,476.69	(3,476.69)
Inactive Employee Insurance	7881	77,999.00	71,157.72	71,157.72	6,841.28
Principle	7890	0.00	958.00	958.00	(958.00)
Interest	7891	0.00	116.00	116.00	(116.00)
Misc Materials & Services	7899	24,999.00	21,596.30	21,596.30	3,402.70
Indirect Cost Allocation	8001	243,000.00	254,000.00	254,000.00	(11,000.00)
Intercounty/Insurance	8002	9,500.00	9,344.53	9,344.53	155.47
Intercounty/IS Support	8007	<u>5,001.00</u>	<u>5,730.65</u>	<u>5,730.65</u>	(729.65)
Total Materials & Services		1,395,260.00	1,325,175.42	1,325,175.42	70,084.58
Capital Outlay					
Vehicles	9030	4,800.00	27,531.75	27,531.75	(22,731.75)
Machinery/Equipment	9035	10,000.00	0.00	0.00	10,000.00
Construction in Progress	9070	<u>0.00</u>	<u>20,587.44</u>	<u>20,587.44</u>	(20,587.44)
Total Capital Outlay		14,800.00	48,119.19	48,119.19	(33,319.19)
Operating Transfers					
Transfer To General Fund	9800	<u>55,000.00</u>	<u>55,000.00</u>	<u>55,000.00</u>	0.00
Total Operating Transfers		<u>55,000.00</u>	<u>55,000.00</u>	<u>55,000.00</u>	0.00
<b>Total Expenditures</b>		<b>5,065,426.00</b>	<b>4,498,397.66</b>	<b>4,498,397.66</b>	<b>567,028.34</b>
Total Ending Fund Balance		0.00	208,364.58	208,364.58	-

**B. 2011-2012 TCHD Patient Encounters**

ENCOUNTERS														
	2011-2012													Monthly
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Total	Average
TC Central Family Practice	1,025	1,076	1,349	1,015	859	980	1,175	1,645	1,267	942	1,092	1,096	13,521	1,127
TC Central Field Service	15	17	30	15	20	45	26	29	40	49	43	48	377	31
TC Dental	37	63	50	60	75	61	58	60	45	72	72	90	743	62
TC Rockaway Family Practice	107	149	126	132	136	141	141	122	129	147	132	129	1,591	133
TC South County Family Practice	105	97	110	120	107	71	124	208	128	101	98	104	1,373	114
<b>Total</b>	<b>1,289</b>	<b>1,402</b>	<b>1,665</b>	<b>1,342</b>	<b>1,197</b>	<b>1,298</b>	<b>1,524</b>	<b>2,064</b>	<b>1,609</b>	<b>1,311</b>	<b>1,437</b>	<b>1,467</b>	<b>17,605</b>	<b>1,467</b>
Number of work days per month	20	23	21	20	19	20	20	20	22	20	22	21	21	21
Average Daily Medical Encounters	63	58	77	64	59	62	73	100	71	62	62	66	816	68
Monthly Provider Encounters	965	1,027	1,338	1,075	848	986	986	1,265	1,211	837	969	1,039	1,039	1,037
Average Daily Provider Encounters	48	45	64	54	45	44	49	63	55	42	44	49	50	50
Monthly Average Provider FTE's	4.03	4.14	3.64	3.54	3.79	3.80	4.05	3.85	3.67	3.82	4.01	4.07	3.93	3.87
Avg. Daily Encounter-Provider FT	11.9	10.9	17.6	15.3	11.9	11.6	12.1	16.4	15.0	11.0	11.0	12.0	12.7	13.1
Avg. Hrly Encounter-Provider FTE	1.6	1.5	2.3	2.0	1.6	1.5	1.6	2.2	2.0	1.5	1.5	1.6	1.7	1.7
	2010-2011													Monthly
	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Total	Average
TC Central Family Practice	897	1,153	1,042	1,081	1,029	828	1,408	1,235	1,204	1,030	1,338	1,219	14,220	1,122
TC Central Field Service	21	21	20	13	20	14	16	14	18	22	18	15	336	18
TC Dental	44	44	37	40	38	46	52	62	93	52	71	76	582	55
TC Rockaway Family Practice	103	108	112	106	99	87	136	131	126	127	126	146	1,482	117
TC South County Family Practice	69	101	91	94	100	69	143	124	109	90	123	168	1,109	107
<b>Total</b>	<b>1,134</b>	<b>1,427</b>	<b>1,302</b>	<b>1,334</b>	<b>1,286</b>	<b>1,044</b>	<b>1,755</b>	<b>1,566</b>	<b>1,550</b>	<b>1,321</b>	<b>1,676</b>	<b>1,624</b>	<b>17,729</b>	<b>1,418</b>
Number of work days per month	22	22	21	21	19	20	20	19	23	21	21	22	251	21
Average Daily Medical Encounters	50	63	60	62	66	50	85	79	63	60	76	70	68	65
Monthly Provider Encounters	786	1,052	920	931	904	753	1,285	1,006	1,083	993	1,223	1,158	1,158	1,008
Average Daily Provider Encounters	36	48	44	44	48	38	64	53	47	47	58	53	5	48
Monthly Average Provider FTE's	4.09	4.66	4.82	4.64	4.57	4.89	4.77	4.88	4.72	4.64	4.32	4.60	4.60	4.63
Avg. Daily Encounter-Provider FT	8.7	10.3	9.1	9.6	10.4	7.7	13.5	10.9	10.0	10.2	13.5	11.4	1.0	10.4
Avg. Hrly Encounter-Provider FTE	1.2	1.4	1.2	1.3	1.4	1.0	1.8	1.5	1.3	1.4	1.8	1.5	0.1	1.4

## **X. Tillamook County Data**

The statistics used to compile this secondary health data report for Tillamook County have come from various sources. The most recent data have been used; however, the available data can be as old as 3 or 4 years in some cases. To maintain a comparable picture between the state and county level statistics, the most current data for the same year has been used. For example, if there is only data for 2009 for the county level but 2011 for the state level, the data used would be from 2009 for both state and county.

Age adjusted and appropriate rates are used for statistics unless otherwise specified. Crude rates are generally used. These are defined as the total number of events divided by the total population at risk; then multiplied by 1,000, 10,000 or 100,000.

### **A. Introduction and Overview of Tillamook County**

Tillamook County was the twelfth county in Oregon to be organized and was established on December 15, 1853. It was created from the land previously included in Clatsop, Yamhill and Polk Counties. Tillamook County was named after the original inhabitants, the Kilamook Indians. Located in the northwestern portion of Oregon, with Clatsop County directly to the north, Tillamook County has an area of 1,125 square miles. This area includes nine rivers, four bays, and 75 miles of Pacific Ocean coastline. Rainfall averages 90 inches annually with an average January temperature of 42 degrees, and an average July temperature of 58 degrees. The principal industries are agriculture, lumber, fishing, and recreation; with the dairy cow population almost equal to the human population.

There are seven incorporated communities in Tillamook County: Manzanita, Nehalem, Wheeler, Rockaway Beach, Garibaldi, Bay City, and Tillamook—which is the county seat. In addition there are twelve unincorporated communities: Barview/Twin Rocks/Watseco, Neskowin, Netarts, Oceanside, Pacific City/Woods, Beaver, Cloverdale, Hebo, Idaville, Neahkahnie, Siskeyville, and Mohler. The county is generally referred to as three demographic areas: South County, Tillamook, and North County.

In addition to being known for “Tillamook Cheese,” the county is also known for the “Tillamook Burn”. A series of fires between the years of 1933–1951 consumed 355,000 of forested acres. In 1948, legislature passed a reforestation bill and the area has been replanted and is now a thriving forest that continues to grow and mature. Approximately 90 percent of Tillamook County is forest land.

Besides the forest and the farms, Tillamook is a recreational paradise. Sport fishing opportunities on the bays, rivers, and ocean are abundant, as are clamming, crabbing, beachcombing, camping, and hiking opportunities.

### **B. Population**

#### **1. Population Trends<sup>1</sup>**

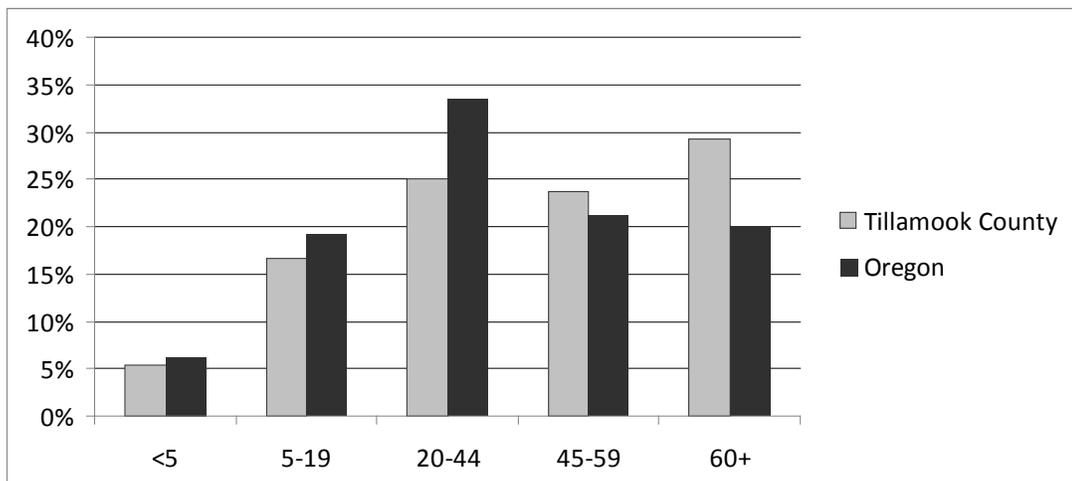
Between 2000 and 2009, the estimated population in Tillamook County showed a 4% growth, due primarily to in-migration. During this same time period, Oregon experienced

a 12% increase in population. The total population for Tillamook County for 2009 was estimated to be 25,250. The population per square mile in Tillamook County is 22.9 compared to 39.9 for Oregon and 87.4 for the United States.

Incorporated Community	Estimated Population	Median Age Estimates
<b>Manzanita</b>	598	60
<b>Nehalem</b>	271	44
<b>Wheeler</b>	414	57
<b>Rockaway Beach</b>	1,372	55
<b>Garibaldi</b>	779	55
<b>Bay City</b>	1,286	46
<b>Tillamook</b>	4,935	34

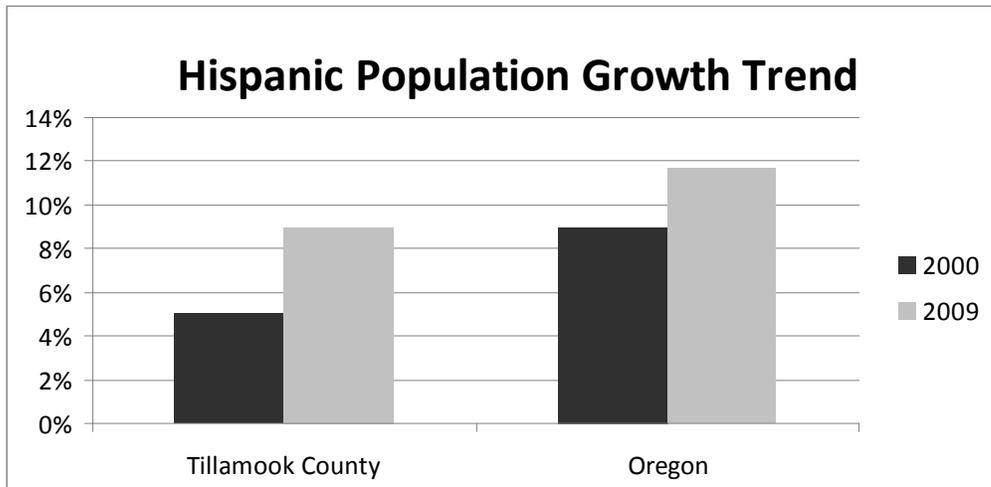
## 2. Population Distribution by Age and Sex<sup>1</sup>

Tillamook County has a higher percentage of people age 45 and older than Oregon. Of the balance under 45, 25% are between 25-44 with only 16% under 19. According to the 2009 U.S. Census estimates, 53% of Tillamook County’s population was 45 or older compared to 41% of the population of Oregon. The population of Tillamook County is almost evenly divided between males and females with slightly more males in the 15-19 age range and more females in the 50+ age group.



## 3. Population Distribution by Race/Ethnicity<sup>1</sup>

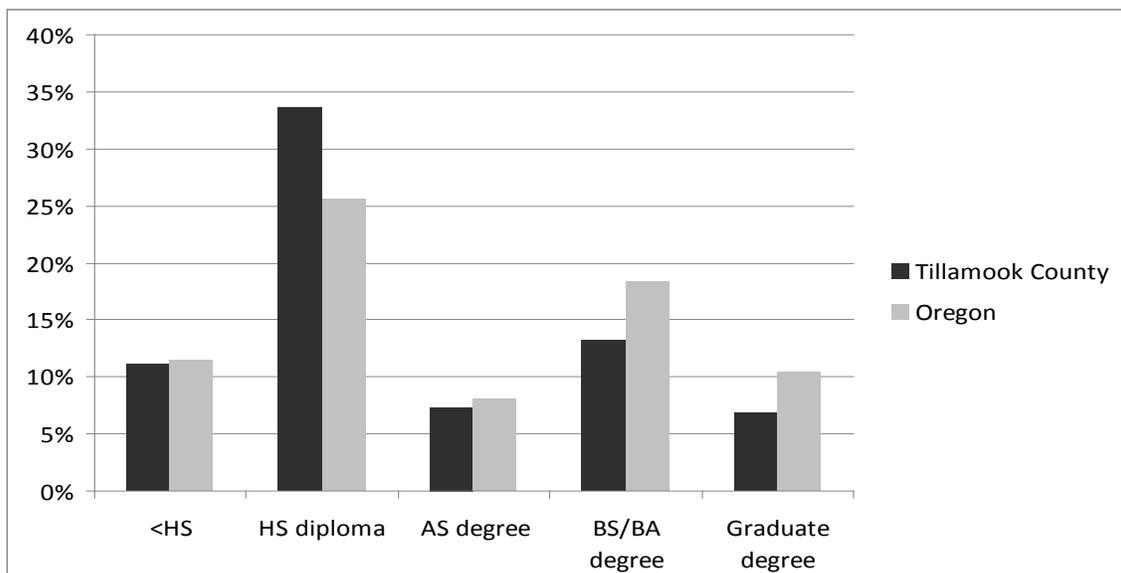
The population of Tillamook County became more diverse between 2000 and 2009, with a decrease in the White population from 95.8% to 86.7%. The Hispanic/Latino population saw an increase from 5% of the population to 9%, while other racial/ethnic groups remained relatively steady. Between 2000 and 2009, the White population of Oregon decreased from 83.5% to 78.5%, and the Hispanic/Latino population grew from 8% to 11.7%.

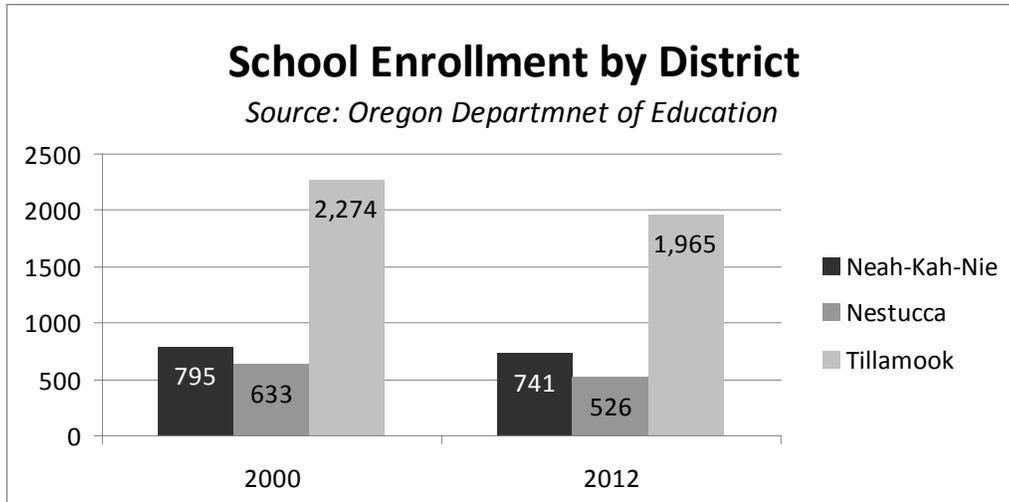


**C. Education**

**1. Educational Attainment<sup>1</sup>**

Tillamook County’s five-year estimates for education show a 33.6% high school diploma (or equivalent), 7.3% Associates degree, 13.2% Bachelor degree, and 6.8% graduate or professional degree. Oregon’s high school graduation rate was slightly less (25.6%), but college degree attainment was greater (AS 8.1%, BS/BA 18.3% and graduate 10.4%). K-12 enrollment in all of Tillamook County’s school districts has decreased slightly from 2000 to 2012.

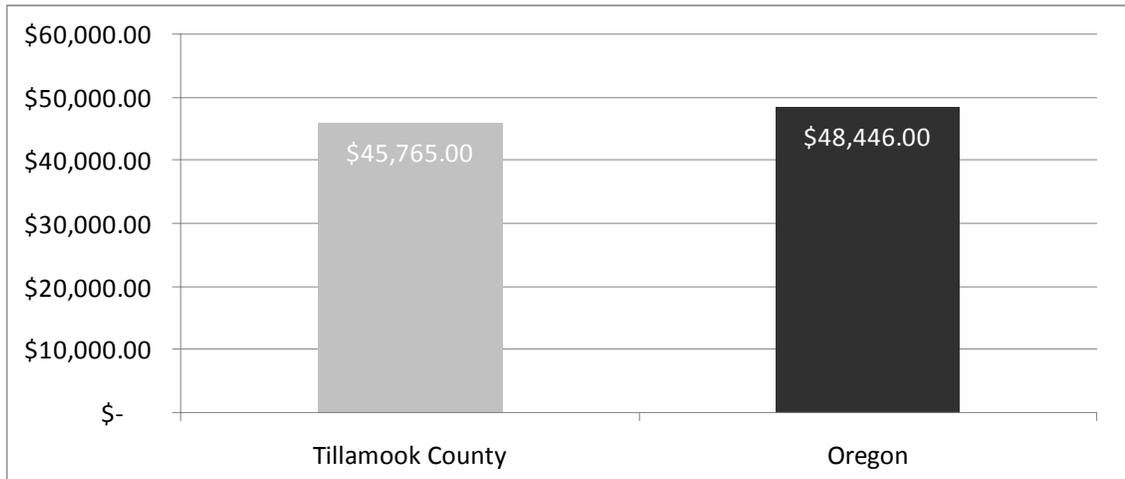




## D. Income/Poverty

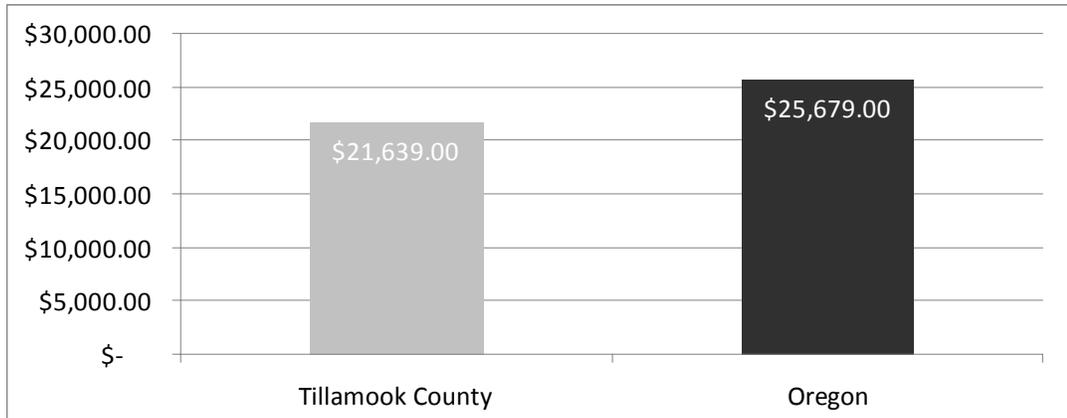
### 1. Median Income<sup>1</sup>

The median household income in Tillamook County for 1999 was \$34,269. In 2009 it had increased to \$45,765, which represents an increase of 33.5%. In that same time period, Oregon’s median household income increased by 18.4%. The 2008-2010 estimates indicate that the median income for Tillamook County was 5.9% less than Oregon’s median income.



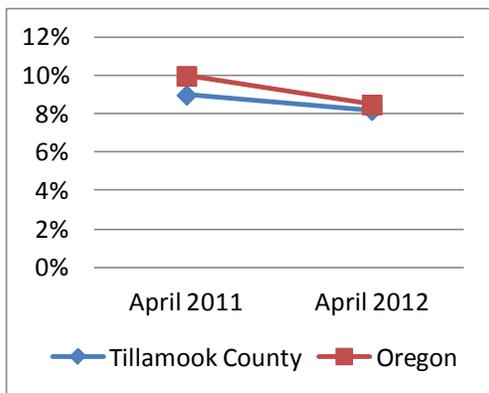
## 2. Per Capita Income

Per capita income estimates (2008-2010) for Tillamook County were \$21,639 compared to Oregon at \$26,942. This is an average of \$5,303 more per year per employed person.



## 3. Unemployment<sup>3</sup>

Unemployment levels have fallen from around 9% in April 2011 to 8.2% in April 2012. This closely matches U.S. unemployment rates. At the same time, Oregon’s unemployment has generally been about 1% higher than Tillamook County’s unemployment. These numbers are seasonally adjusted.

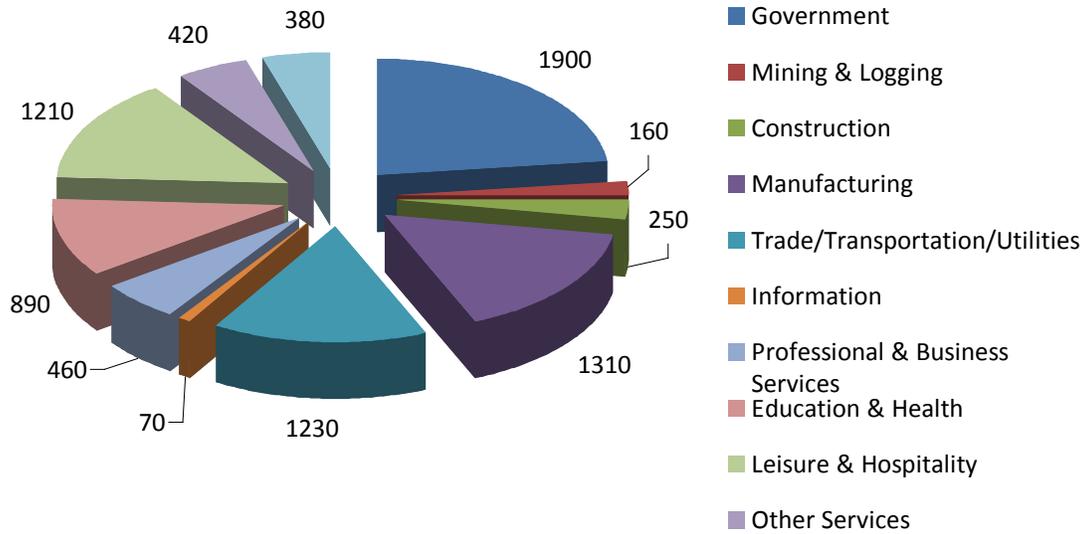


## 4. Non-Farm Occupation & Employment<sup>3</sup>

Tillamook County is known for its agricultural industry and farming community; however, there is a diverse occupational make-up to the county with a variety of

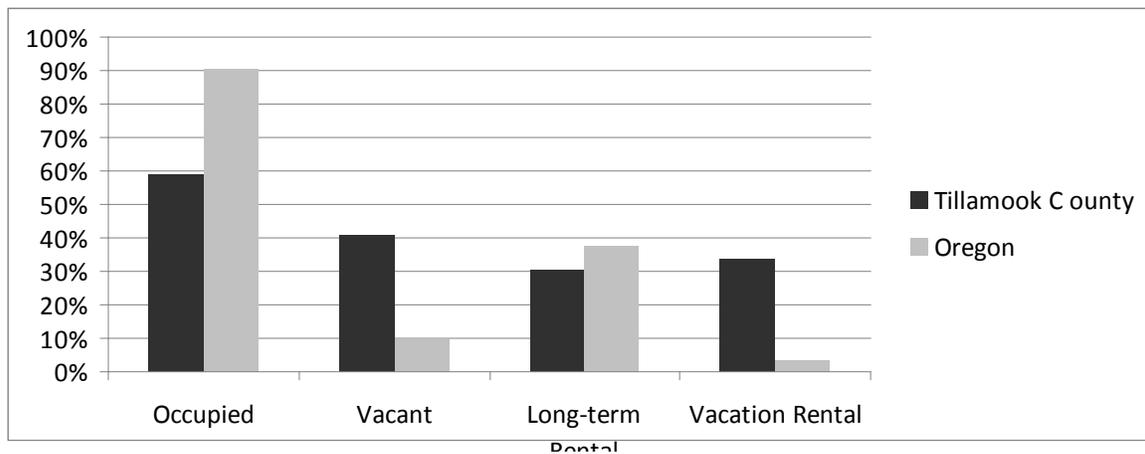
employment opportunities. The largest employment category after agriculture is government, followed by manufacturing, tourism, and trade/transportation/utilities.

## Occupations



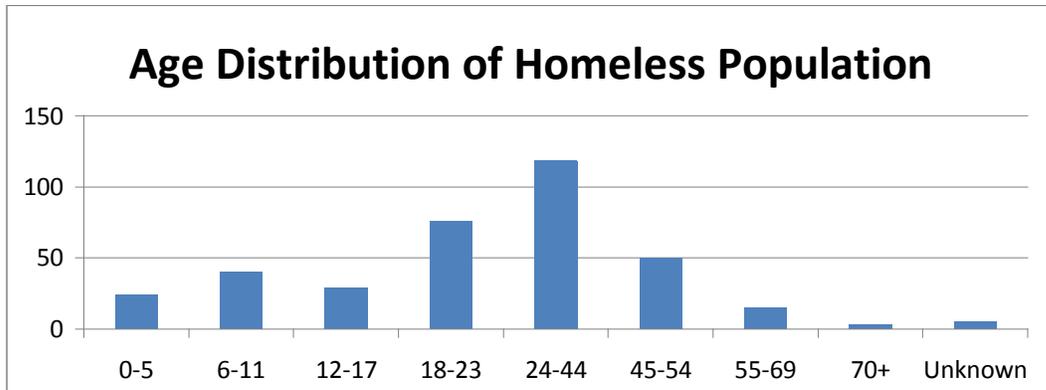
## 5. Housing<sup>1</sup>

Tillamook County’s housing situation is unique due to the large number of second homes and vacation rentals in the county. In 2000 there were 15,906 housing structures in Tillamook County, and in 2010 there were 18,359. This is an increase of over 15% in new housing structures. This closely matches Oregon’s housing increase. Renter-occupied housing units in Tillamook County increased from 28.2% in 2000 to 30.6% in 2010.



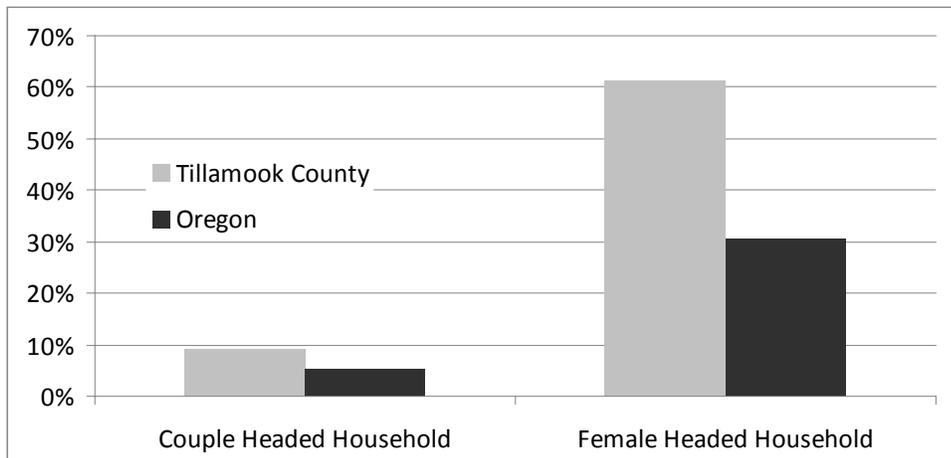
## 6. Homelessness<sup>4</sup>

Tillamook County’s Annual One Night homeless count revealed that approximately 360 individuals were homeless. They were evenly divided between male and female with the majority between the ages of 18 and 54. Twenty-four individuals were equal to or less than 5 years of age, and eighteen were 55 or older.



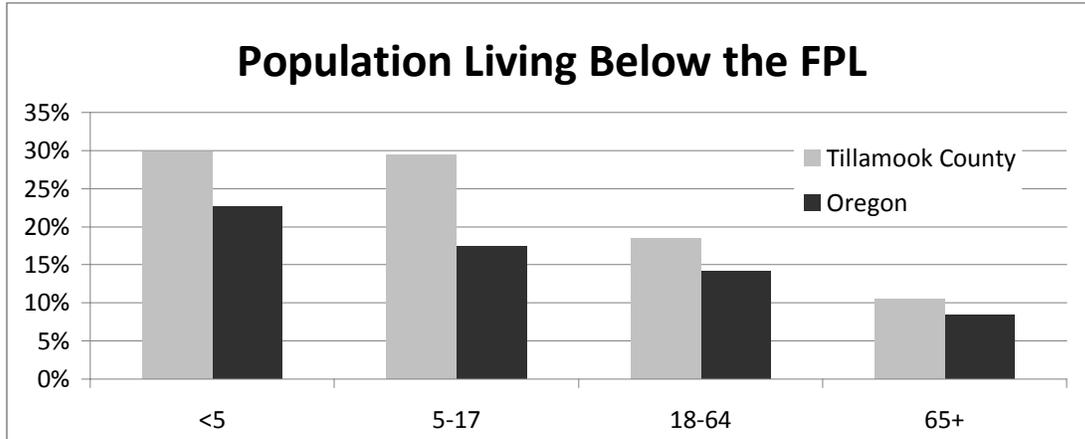
## 7. Family Poverty<sup>1</sup>

In Tillamook County, families living below the Federal Poverty Level in 1999 accounted for just over 8% of the population; in 2010 they accounted for just over 9% compared to 5.2% of Oregon. Between 1999 and 2010, the poverty level for female-headed households grew from 23% to 61%, while Oregon’s female headed household poverty rate was 30.6%.



## 8. Individual Poverty<sup>1</sup>

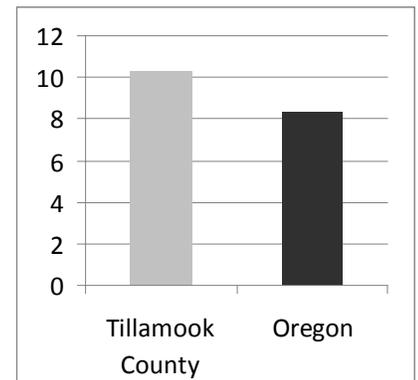
According to the population estimates for 2010, individuals under the age of 18 and over the age of 64 accounted for almost 70% of people living below the Federal Poverty Level (FPL) in Tillamook County. The same demographic population for Oregon accounted for 48.5% of the population.



## E. Mortality

### 1. Death Rates<sup>6</sup>

The death rate for Tillamook County as well as for Oregon has remained stable from 2002-2009, although the death rate is higher in Tillamook County than in Oregon. The death rate for 2010 in Tillamook County was 10.3 per 100,000 population compared to Oregon’s 8.3 per 100,000 population.



### 2. Leading Causes of Death<sup>7</sup>

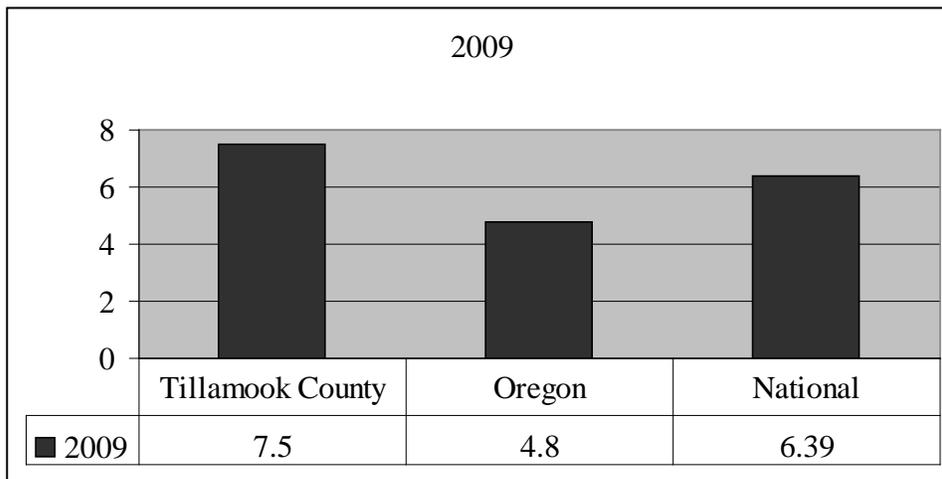
The top eight causes of death in Tillamook County are similar to those in Oregon and the rest of the United States. Tillamook County’s rates for cancer, heart disease, chronic lower respiratory disease, and stroke are generally higher than Oregon’s.

	Tillamook County	Oregon
<b>Cancer</b>	297.3	195.4
<b>Heart Disease</b>	216.9	162.8
<b>Chronic Lower Respiratory Disease</b>	100.4	50.6
<b>Stroke</b>	84.4	49.7

<b>Unintentional Injury</b>	48.2	41.2
<b>Alzheimer's</b>	56.2	31.7
<b>Diabetes</b>	28.1	28.0
<b>Suicide</b>	16.1	16.7

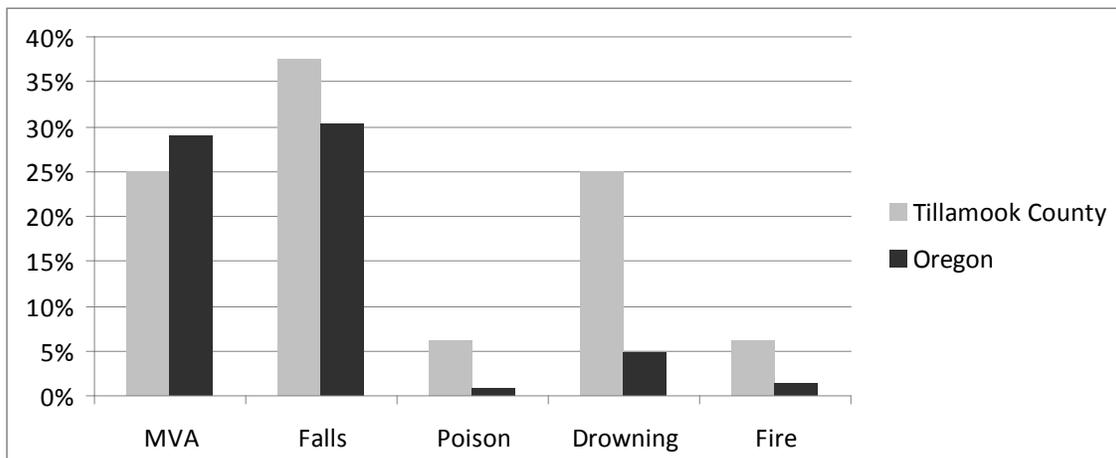
### 3. Infant Mortality<sup>7</sup>

The infant mortality rate in Tillamook County for 2009 was 7.5 per 1,000 live births, compared to 4.8 per 1,000 live births for Oregon. In 2011 the infant mortality rate for the United States was estimated to be 5.98 per 1,000 live births.<sup>18</sup>



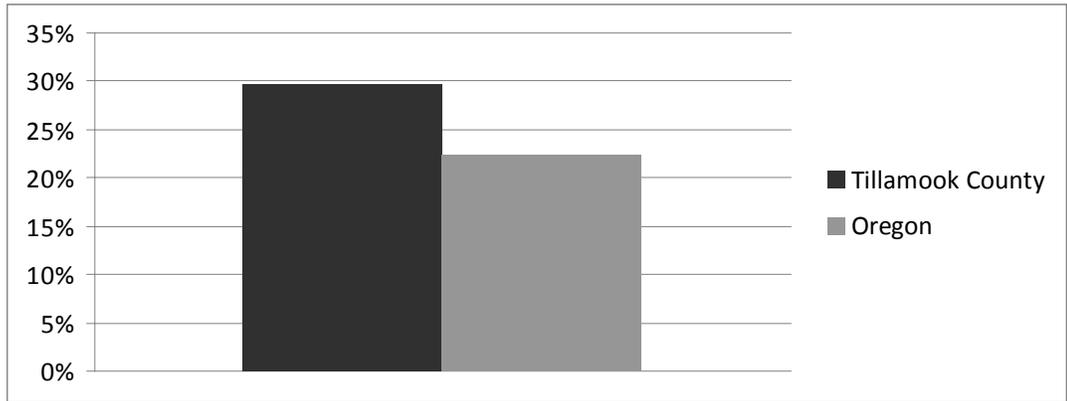
### 4. Unintentional Death from Injury<sup>7</sup>

Death from accidents or unintentional injury was the 5<sup>th</sup> leading cause of death in Tillamook County for 2009. Falls accounted for the highest percentage (37.5%) with drowning and motor vehicle accidents tied at second a(25% each).



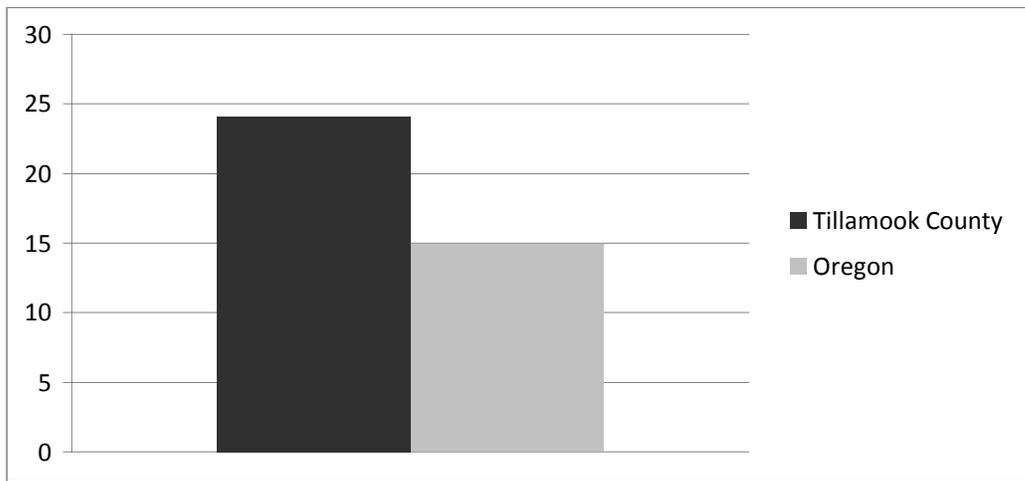
### 5. Tobacco Linked Death<sup>7</sup>

Tobacco use was linked to 29.8% of all deaths in Tillamook County for 2009, compared to just over 22% of deaths in Oregon.



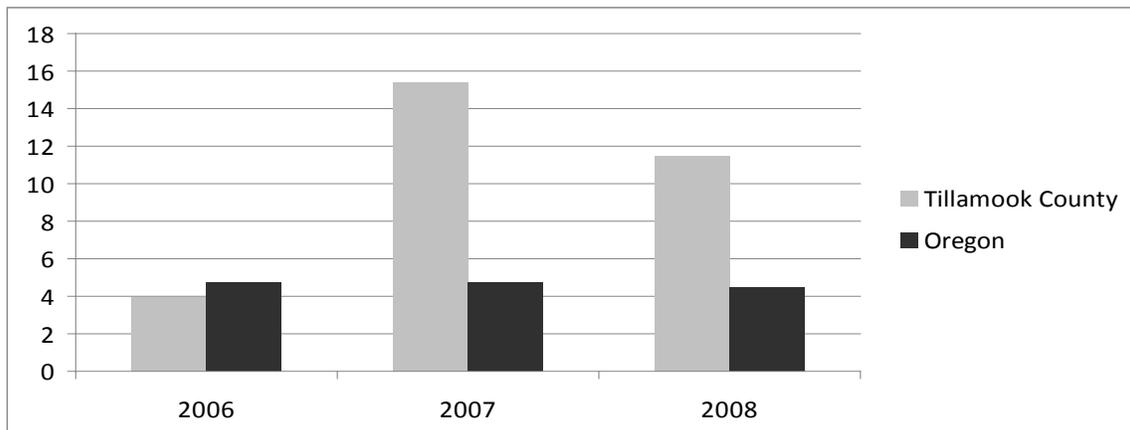
### 6. Alcohol Induced Death Rate<sup>7</sup>

The alcohol induced death rate for Tillamook County was 21.1 per 100,000 population for 2009 compared to Oregon's rate of 14.9 per 100,000 population. This category includes alcohol linked diseases as well as direct death from consumption.



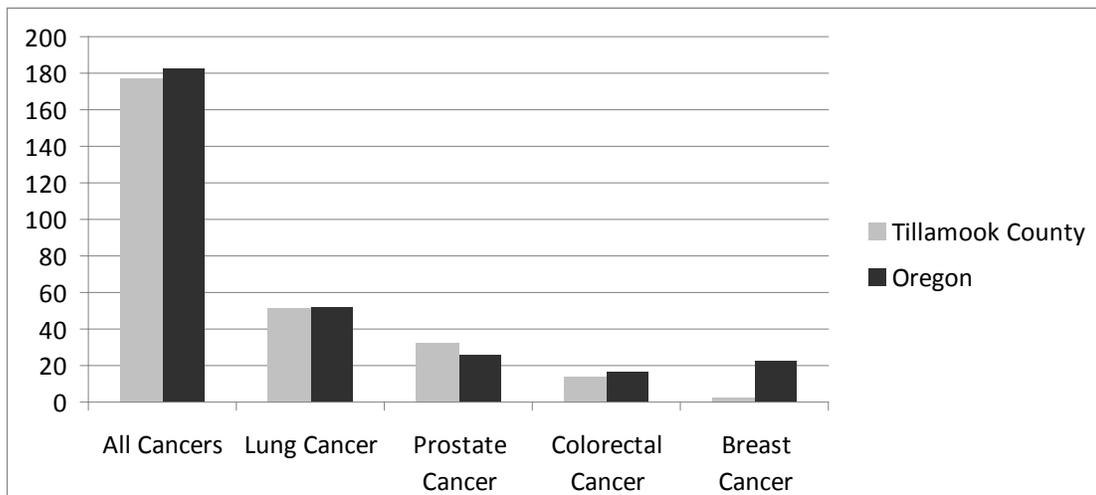
### 7. Alcohol Involved Motor Vehicle Fatality<sup>8</sup>

The alcohol involved motor vehicle death rate per 100,000 population in Tillamook County was 3.9 in 2006, 15.4 in 2007, and 11.5 in 2008 (the last year the data was available). In 2008 Oregon’s motor vehicle fatality rate where alcohol was a contributing factor was 4.5 per 100,000.



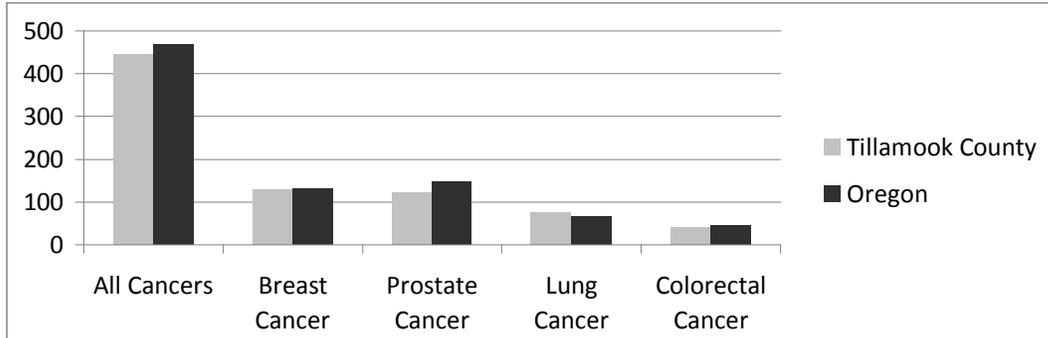
### 8. Annual Death Rate from Cancer<sup>9</sup>

Cancer is the leading cause of death in Tillamook County, with an annual rate of 177 deaths per 100,000 population for all cancers, compared to Oregon’s rate of 183 per 100,000 population. Cancer is the second leading cause of death nationwide.



## 9. Cancer Incidence Rates<sup>9</sup>

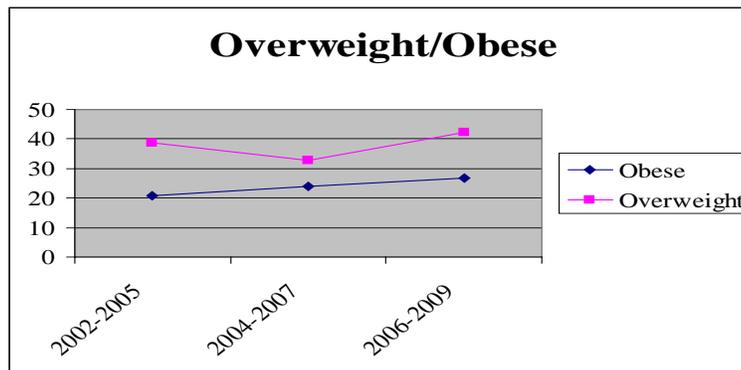
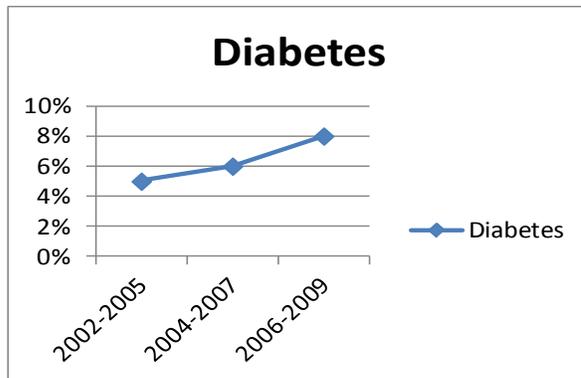
Incidence rates for cancer in Tillamook County are comparable to Oregon. Lung cancer has a higher incidence rate in Tillamook County of 75.8 per 100,000 population compared to Oregon at 66.7 per 100,000 population.



## F. Chronic Disease/Health Indicators

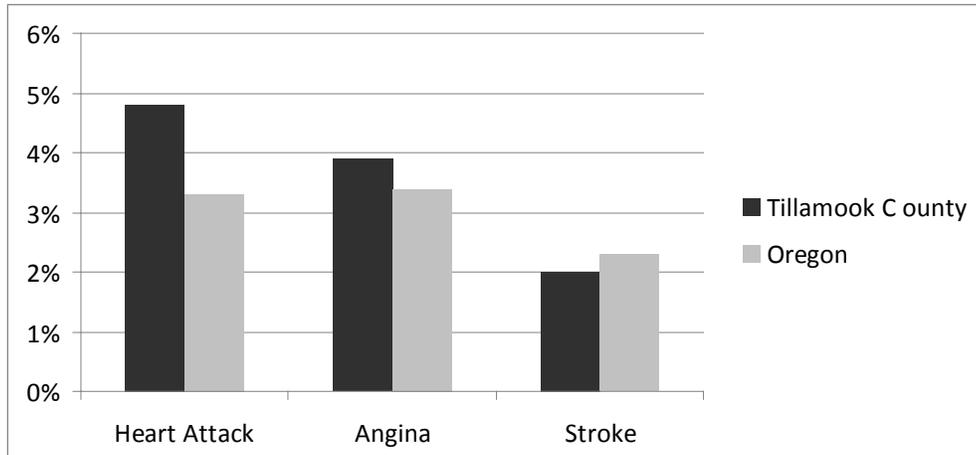
### 1. Diabetes and Weight Trends<sup>10</sup>

Since 2002, the percent of overweight people has steadily increased in Tillamook County, and the obese population has increased dramatically. In the same timeframe, diabetes has increased from about 5% of Tillamook County’s population to over 8% and is projected to continue to increase as the population ages.



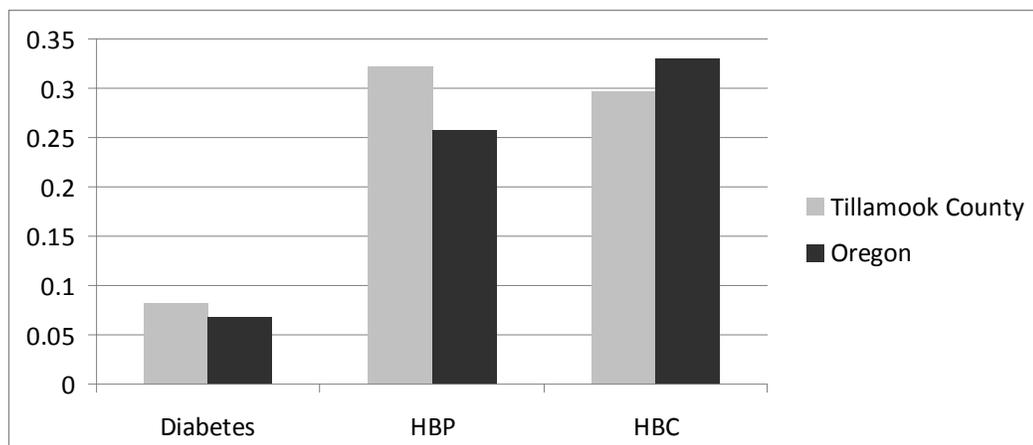
## 2. Heart Disease<sup>10</sup>

Heart disease is the number one cause of death in the United States and the second leading cause of death in Oregon and Tillamook County. A slightly higher percentage of Tillamook County residents have heart attacks and/or angina compared to Oregon residents as a whole.



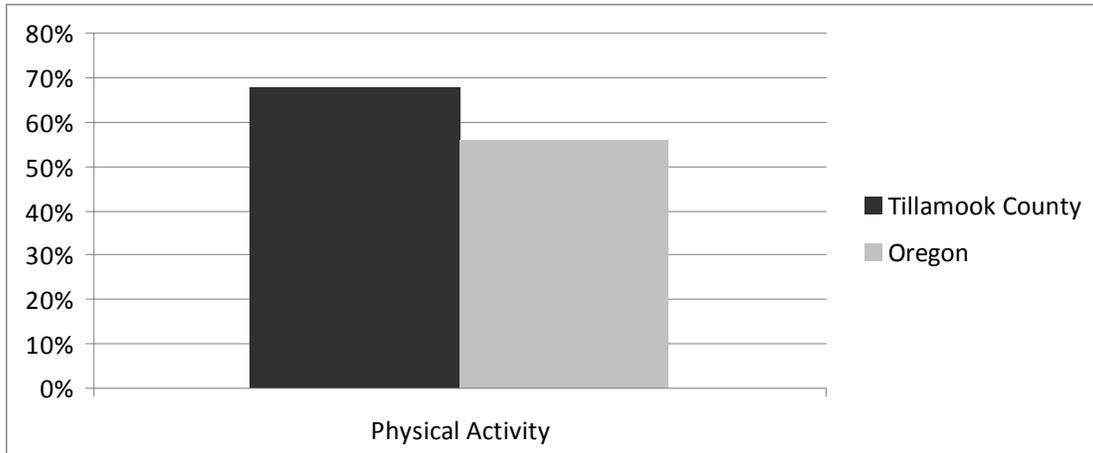
## 3. Risk Factors for Heart Disease<sup>10</sup>

In 2009 Tillamook County had a higher percentage of overall risk factors than Oregon, with 8.3% of the population diagnosed with diabetes, 32.2% with high blood pressure (HBP), and 29.6% with high blood cholesterol (HBC).



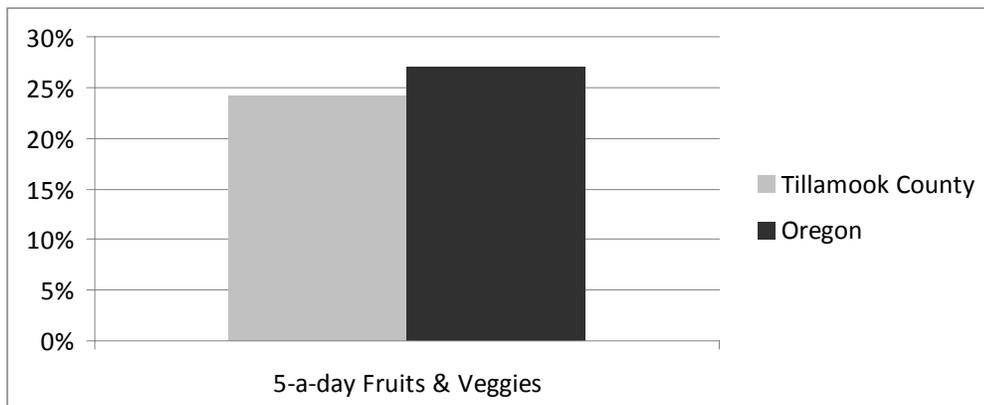
#### 4. Physical Activity<sup>10</sup>

According to the Oregon Behavior Risk Survey (BRFSS), 67.7% of adults in Tillamook County met their recommended daily physical activity levels compared to Oregon’s rate of 55.8%.



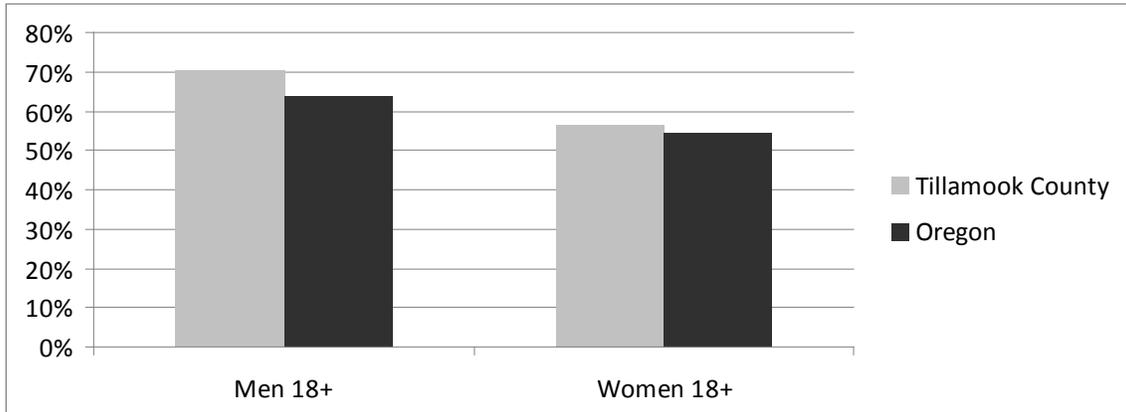
#### 5. Nutrition<sup>10</sup>

In Tillamook County only 25.1% of adults ate the daily recommended servings for fruits and vegetables compared to 27% of Oregonians. Lack of adequate fruits and vegetables in the diet can contribute to an increase in chronic diseases such as diabetes.



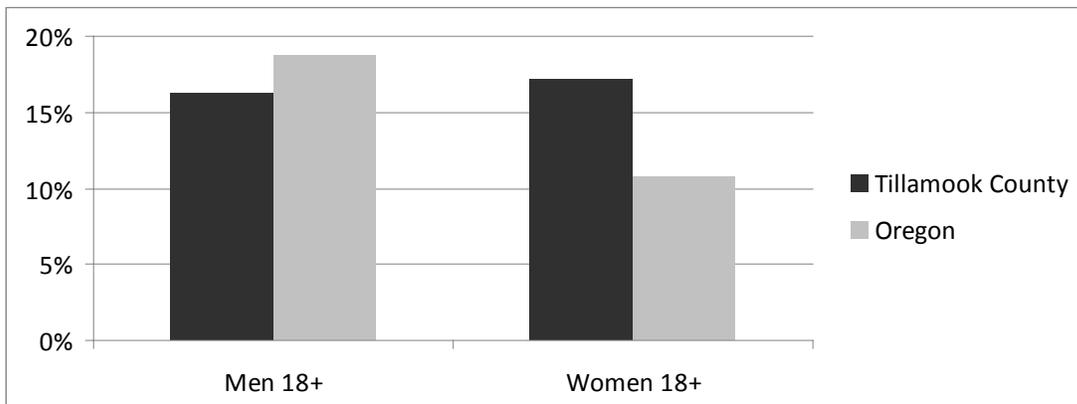
## 6. Alcohol Consumption<sup>10</sup>

Just over 70% of men and almost 57% of women in Tillamook County drank at least 1 serving of alcohol within a 30-day time period (2009). This was slightly higher than Oregon’s rate in which 64% of men and 54% of women had at least one drink in 30 days.



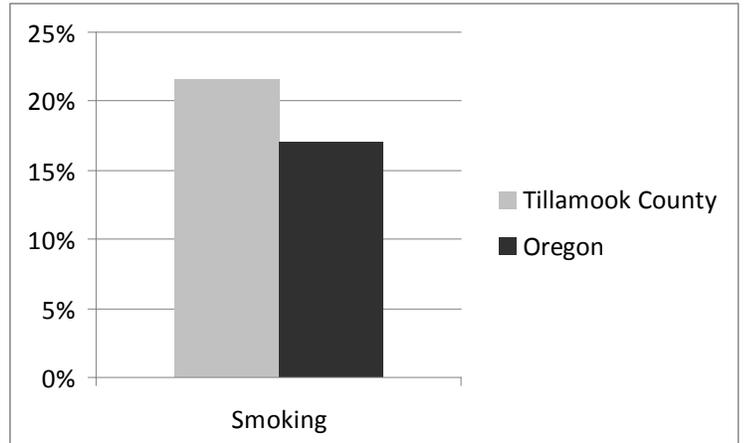
## 7. Alcohol Binge Drinking<sup>10</sup>

Binge drinking (classified as 5 drinks for men and 4 drinks for women on one occasion), in Tillamook County averaged 16% for men and 17% for women. For Oregon, 19% of men and 11% of women reported binge drinking.



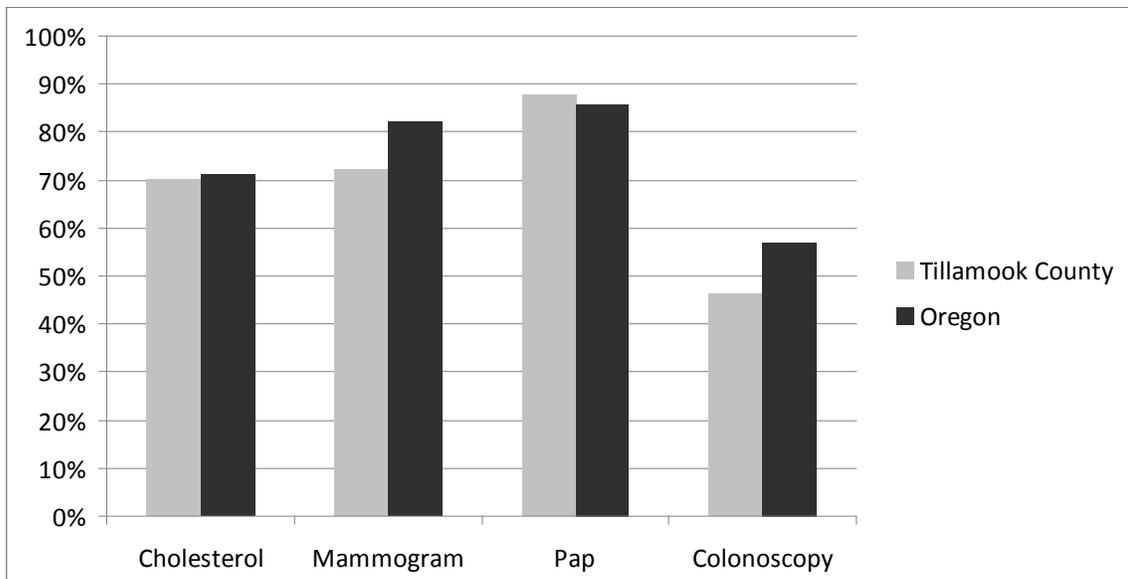
## 8. Tobacco Use<sup>10</sup>

Tobacco use in Tillamook County is higher than tobacco use in Oregon as a whole. In Tillamook County, 21.6% of adults reported smoking cigarettes compared with 17.1% in Oregon. Smokeless tobacco use by males in Oregon was 6.3% and 12.7% in Tillamook County. Seventy-five point two percent of Tillamook County residents indicated that they had no-smoking rules for their homes, and 60.2% said they had no-smoking rules for the family car.



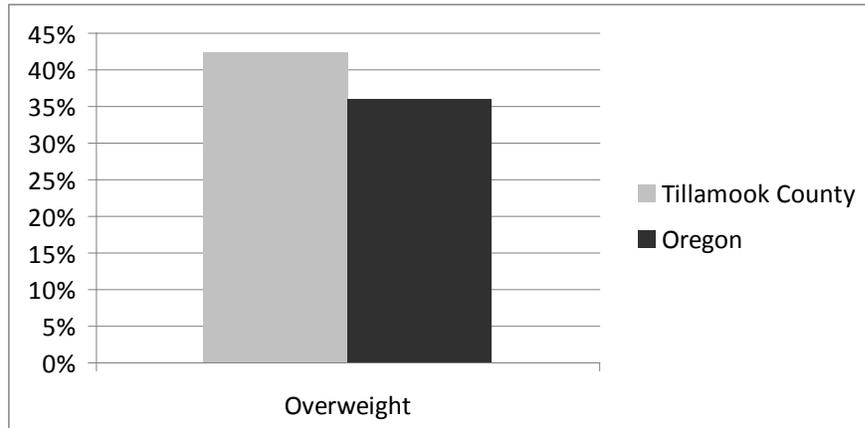
## 9. Health Screenings<sup>10</sup>

Tillamook County health screening rates were comparable to Oregon rates for cholesterol screenings and Pap tests, but slightly lower for mammogram and colonoscopy exams.



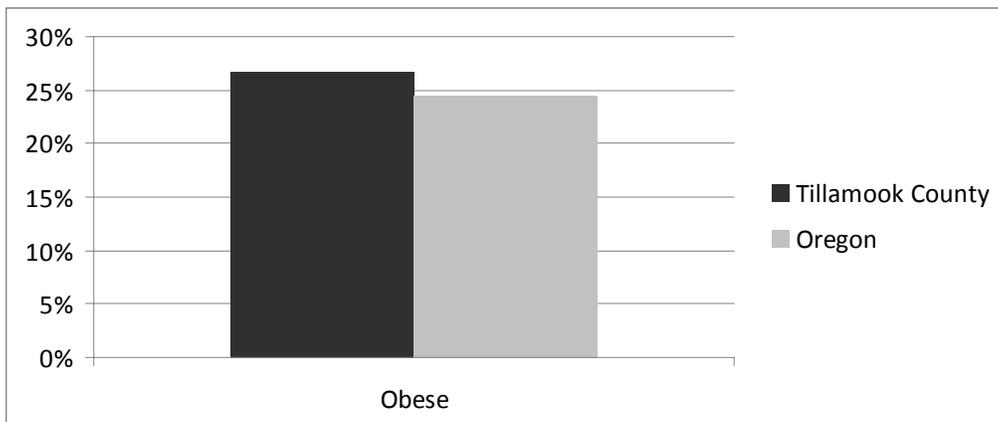
### 10. Overweight<sup>10</sup>

In Tillamook County 42.3% of the population was classified as overweight (2006-2009), compared to 36.1% in Oregon. Overweight is defined as having a body mass index (BMI) between 25.0 and 29.9.



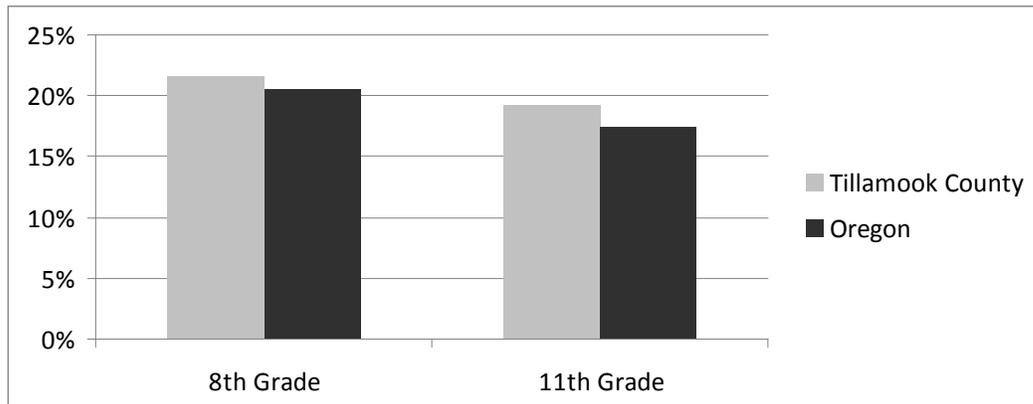
### 11. Obesity<sup>10</sup>

In Tillamook County, 26.7% of adults are considered to be obese (having a BMI greater than or equal to 30.0). In Oregon, 24.5% of adults are obese. A recent news release from the Oregon Health Authority announced that 60% of adults in Oregon are now overweight or obese, with most being obese.<sup>22</sup>



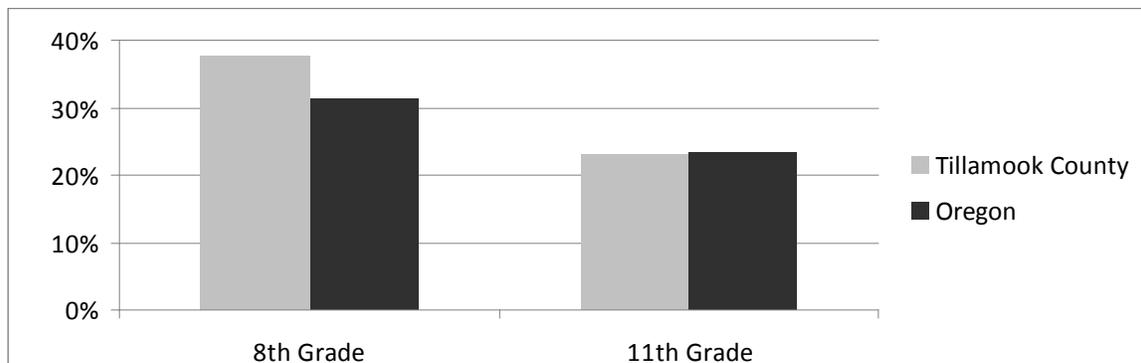
## 12. Youth Consumption of Fruits & Vegetables<sup>11</sup>

In the 8<sup>th</sup> grade, slightly more students eat the recommended servings for fruits and vegetables in Tillamook County (21.6%) compared to the state of Oregon (20.6%). There is a slight decrease of fruit and vegetable consumption for 11<sup>th</sup> graders for both Tillamook County (19.2%) and Oregon (17.4%).



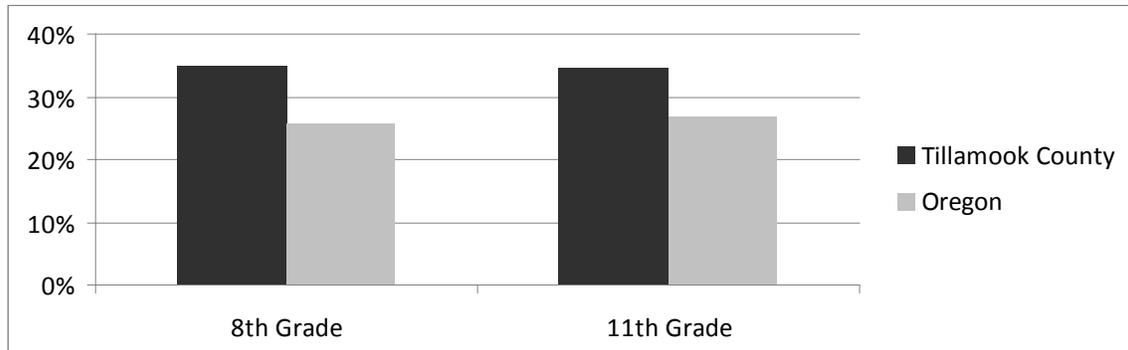
## 13. Youth Physical Activity<sup>11</sup>

In Tillamook County, 37.6% of 8<sup>th</sup> graders and 23.1% of 11<sup>th</sup> graders were physically active for the recommended 60 minutes a day, seven days a week. In comparison, 31.4% of Oregon’s 8<sup>th</sup> graders and 23.4% of 11<sup>th</sup> graders were physically active for the recommended amount of time.



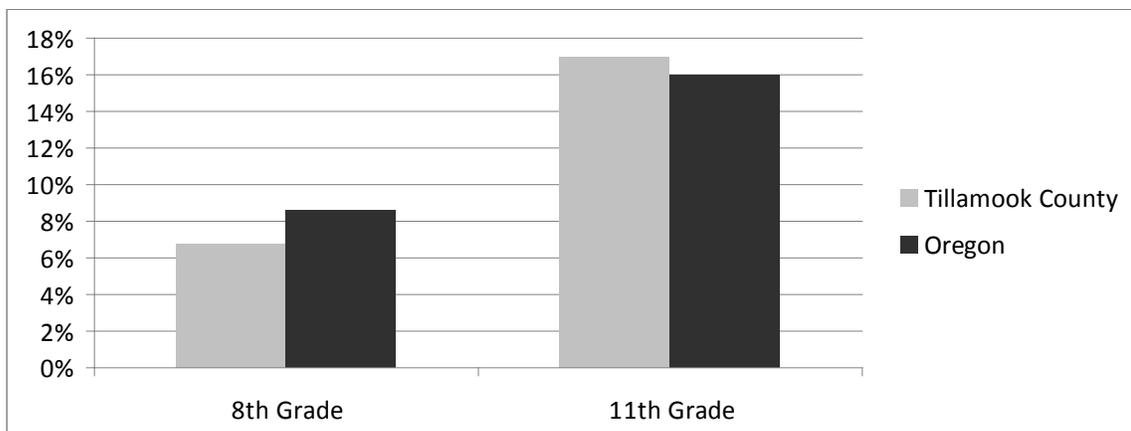
### 14. Youth Overweight/Obesity<sup>11</sup>

Tillamook County students in the 8<sup>th</sup> grade were almost 10% more overweight/obese (35%) than in Oregon as a whole (25.8%). Thirty-four point seven percent of 11<sup>th</sup> graders in Tillamook County and 26.8% in the state were overweight/obese.



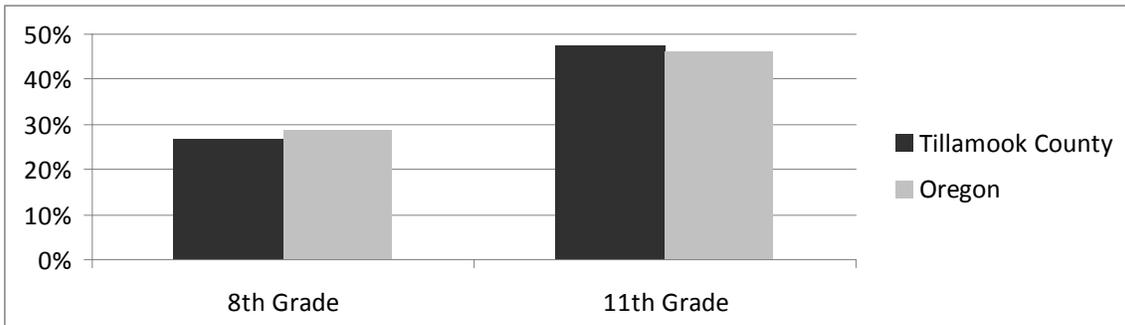
### 15. Youth Cigarette Smoking<sup>11</sup>

In Tillamook County, 6.8% of 8<sup>th</sup> graders reported smoking cigarettes within a 30-day time frame, compared to 8.6% of Oregon’s 8<sup>th</sup> graders. Sixteen percent of 11<sup>th</sup> graders in Oregon and 17% in Tillamook County reported smoking cigarettes in a 30-day time frame.



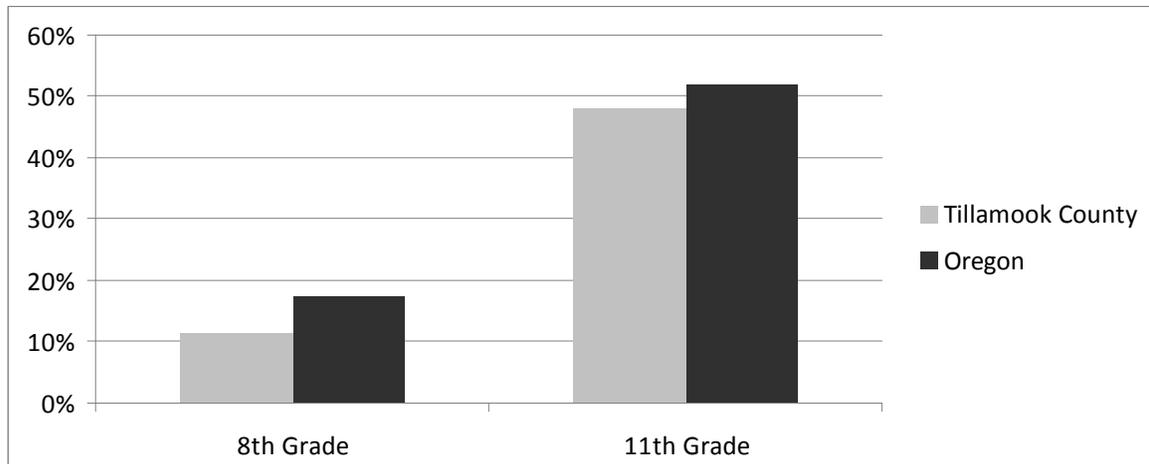
### 16. Youth Alcohol Consumption<sup>11</sup>

According to the Oregon Healthy Teen Survey (2008), 26.9% of 8<sup>th</sup> graders and 47.6% of 11<sup>th</sup> graders in Tillamook County reported using alcohol within the past 30 days. This was comparable to the rate for Oregon as a whole; 28.9% of 8<sup>th</sup> graders and 46.2% of 11<sup>th</sup> graders reported using alcohol within the past 30 days.



### 17. Youth Sexual Activity<sup>11</sup>

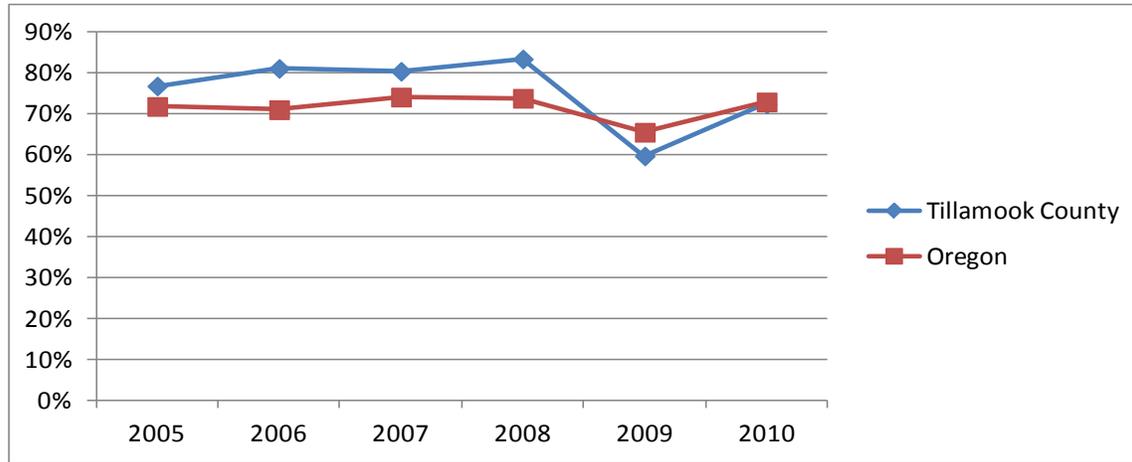
In Tillamook County, 11.4% of 8<sup>th</sup> graders stated that they have engaged in sexual intercourse compared to 17.4% in Oregon. For 11<sup>th</sup> graders, 48.1% in Tillamook County and 51.9% in Oregon report having engaged in some sort of sexual activity.



## G. Infants & Children Health

### 1. Childhood Immunization<sup>12</sup>

The childhood immunization rate for series 4:3:1:3:3:1 (e) has remained relatively stable in Tillamook County and is comparable to the state of Oregon. The slight drop in immunization rates indicated by the graph below can be explained by a change in the way that the data was being calculated.



### 2. Students Qualifying for Free or Reduced Meals<sup>14</sup>

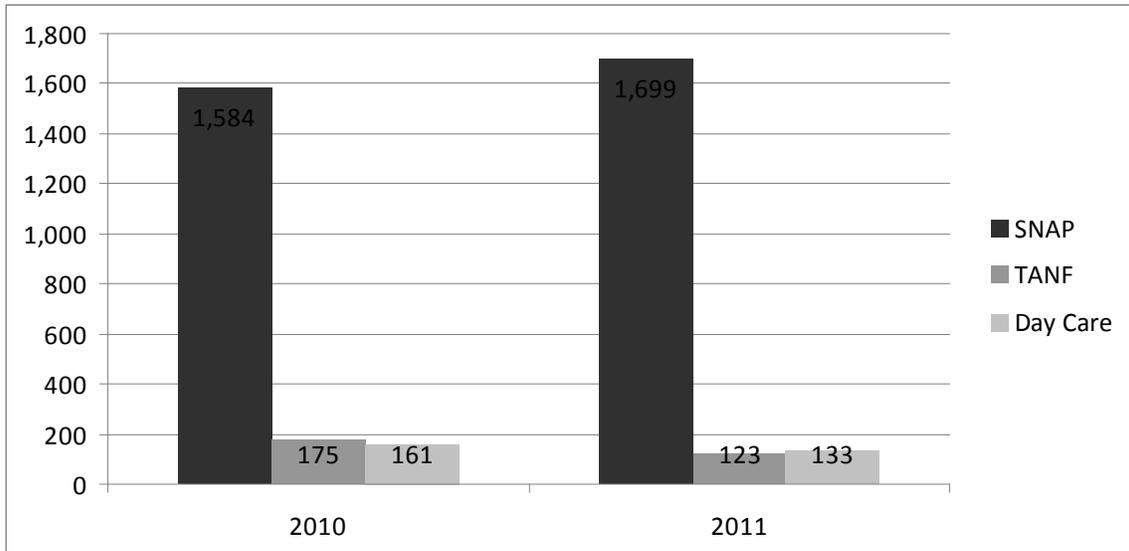
For the 2010-2011 school year, 62.6% of students in the Neah-Kah-Nie district, 69.8% in the Nestucca Valley district, and 59% in the Tillamook district qualified to receive free or reduced meals at school. In comparison, 46.7% of students in Oregon qualified.

### 3. Child Abuse and Neglect<sup>13</sup>

In 2010, Tillamook County had 2,337 reports of child abuse/neglect. 26% of these reports were assessed. 17% of assessed reports were of founded child abuse and/or neglect cases. 86 children in the county have been in foster care at least once in the past year. 45.5% of founded abuse/neglect/threat of harm referrals were related to domestic violence and 57.6% were related to substance abuse.

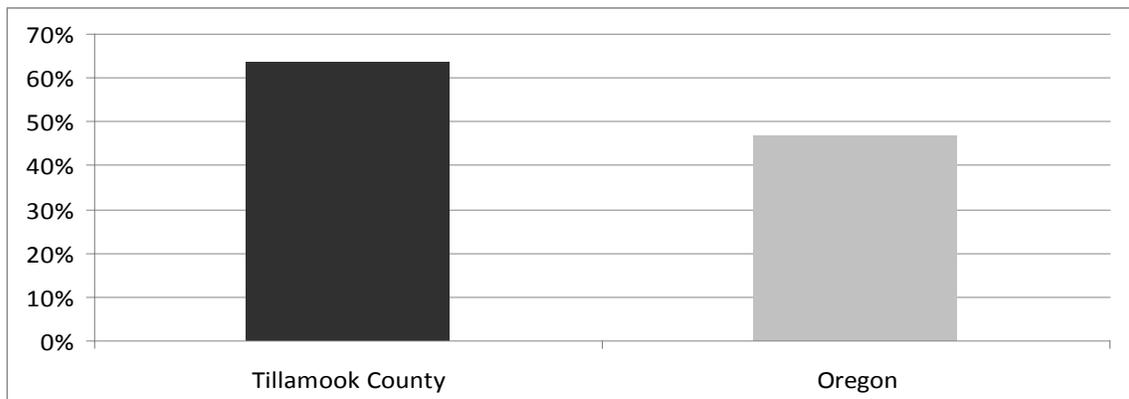
#### 4. Family Supports<sup>13</sup>

In 2011 there were 2,888 low-income children living in Tillamook County. One hundred twenty-three children were helped through family cash assistance (TANF), 1,699 received food stamps (SNAP), and 133 had employment-related day care. Food stamps were the only support that increased from the previous year (2010).



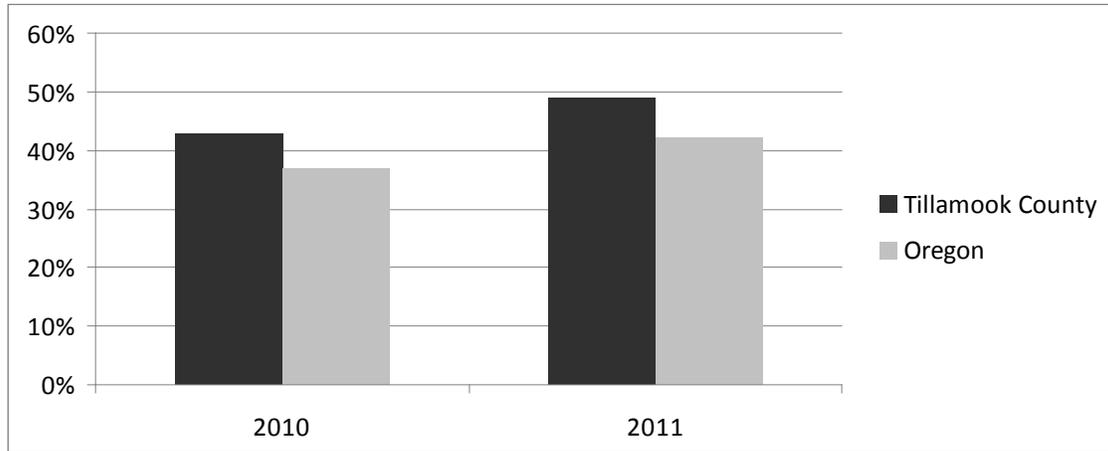
#### 5. Child Poverty<sup>13</sup>

In 2010, 52% of children ages 0-17 living in Tillamook County were classified as low-income. In 2011, that number rose to 63% compared to 42% for the state of Oregon.



## 6. Healthy Kids Program<sup>13</sup>

Tillamook County had 2,231 children enrolled in the Health Kids Program for 2011, an increase of 9.7% from the previous year. Oregon’s enrollment had an increase of 10.9% for the same time period. For both Tillamook County and Oregon this represents a decrease in enrollment from 2009-2010.

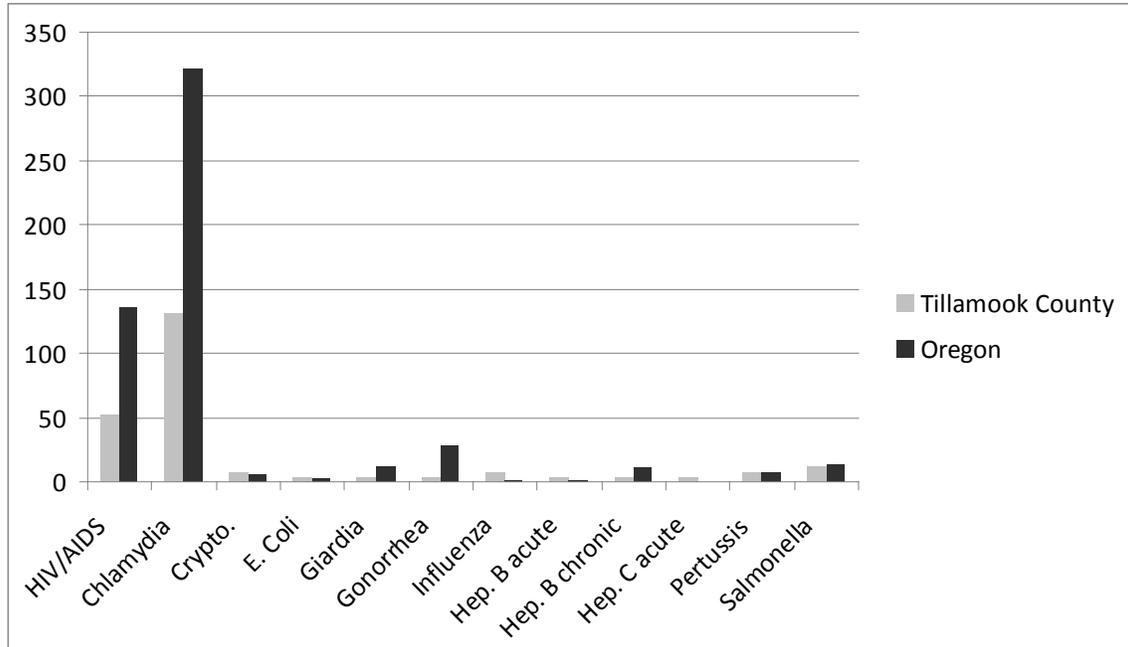


## 7. Tillamook County Disease Rates Compared to Oregon<sup>15</sup>

Disease	Tillamook County	Oregon
HIV/AIDS	51.48	136.41
Chlamydia	130.69	322.02
Cryptosporidiosis	7.92	5.69
<i>E. Coli</i> (STEC)	3.96	3.08
Giardiasis	3.96	12.58
Gonorrhea	3.96	28.11
<i>Haemophilus influenza</i>	7.92	1.77
Hepatitis B (acute)	3.96	1.14
Hepatitis B (chronic)	3.96	10.8
Hepatitis C (acute)	3.96	0.57
Pertussis	7.92	7.43
Salmonellosis	11.88	13.36

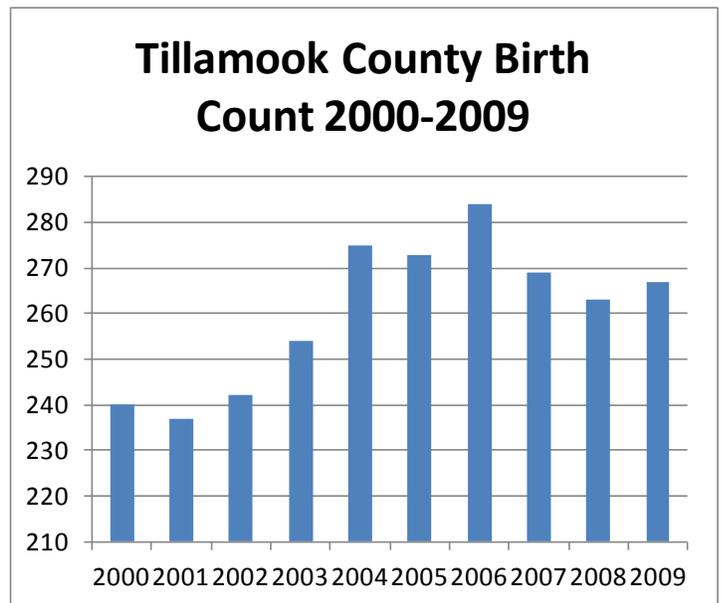
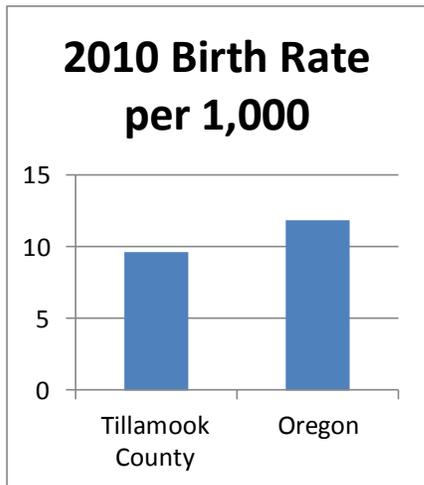
*Note: the smaller numbers are not statistically reliable and should be used for comparison purposes only. Rates are per 100,000.*

Communicable disease rates are generally much lower in Tillamook County than in Oregon as a whole.



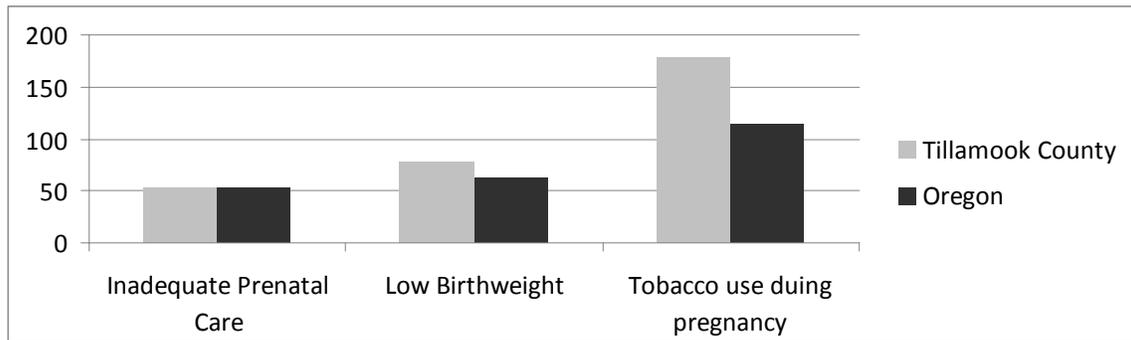
### 8. Birth Rates<sup>5</sup>

Tillamook County’s birth rate remains fairly steady. For 2010 the crude birth rate was 9.7 per 1,000 population for Tillamook County and 11.9 per 1,000 population for Oregon.

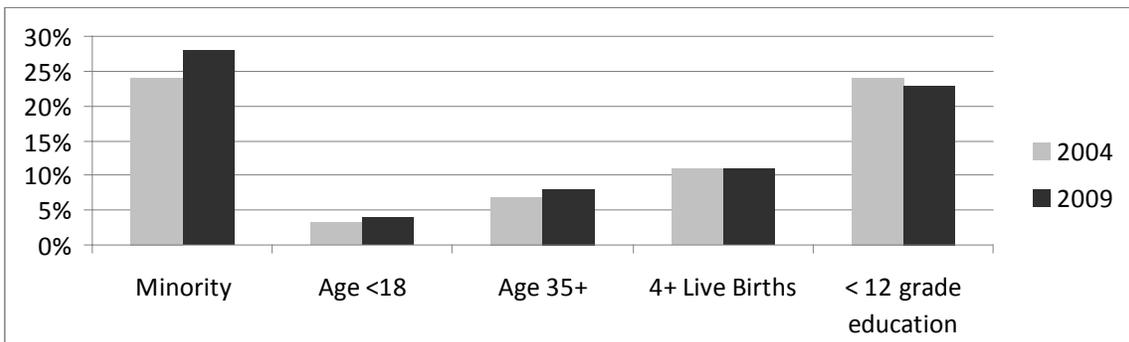


## 9. Birth Risk Characteristics<sup>5</sup>

In Tillamook County, the rate for inadequate prenatal care (defined as less than five doctor visits by the third trimester) was 53 per 1,000 population. Low birth weight babies were 77.6 per 1,000 population, and tobacco use during pregnancy was 178 per 1,000 population. In comparison, Oregon’s tobacco use during pregnancy was 113.8 per 1,000 population, and the low birth weight was 63 per 1,000. The rate for inadequate prenatal care in Tillamook County was comparable to Oregon.

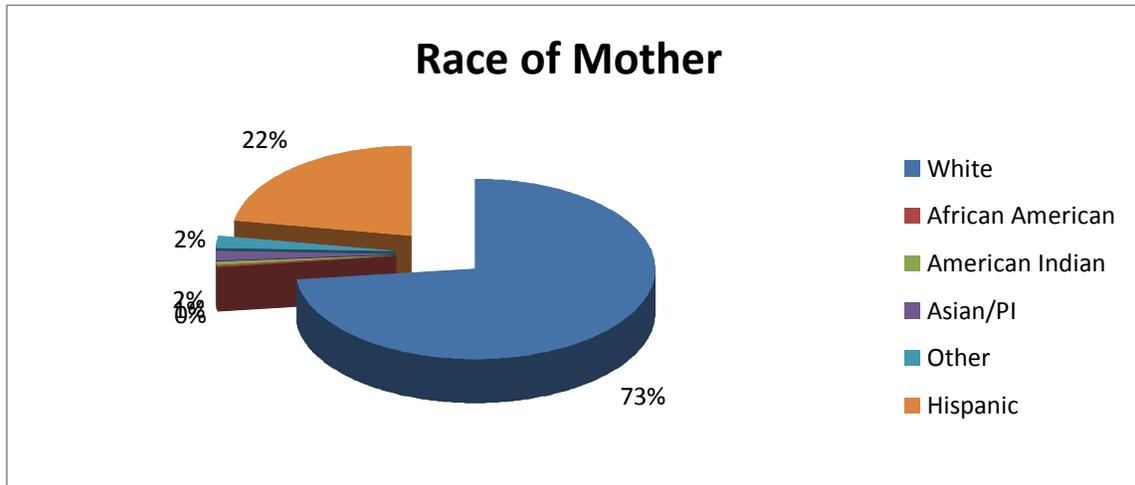


The percent of births with maternal risk factors remained relatively the same over the 2004-2009 five year time period). These numbers are in line with Oregon’s maternal risk percentage rates, with only slight variations.



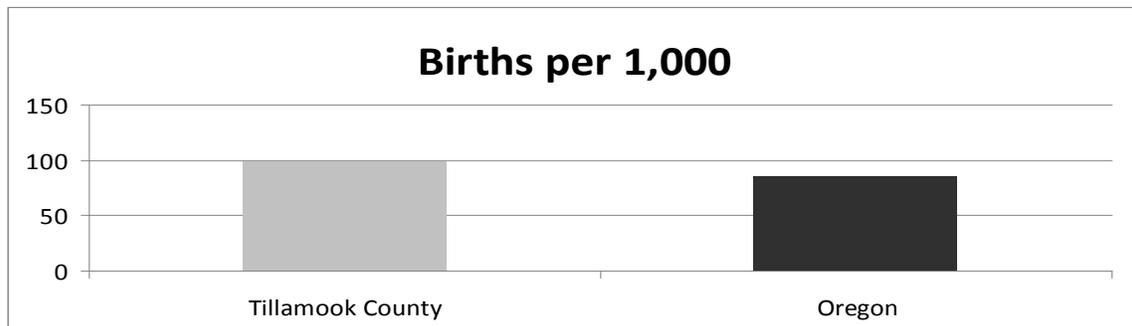
### 10. Race/Ethnicity of Mother<sup>5</sup>

From 2008-2010, 73% (566) of births were to White women in Tillamook County. Less than 1% of births were to African American women, 1% to American Indian/Alaskan Native women, 2% to Asian or Pacific Islander women, 2% to other, and 22% to Hispanic women. Slightly more children were born to minority/ethnic groups in 2009 than in 2004.



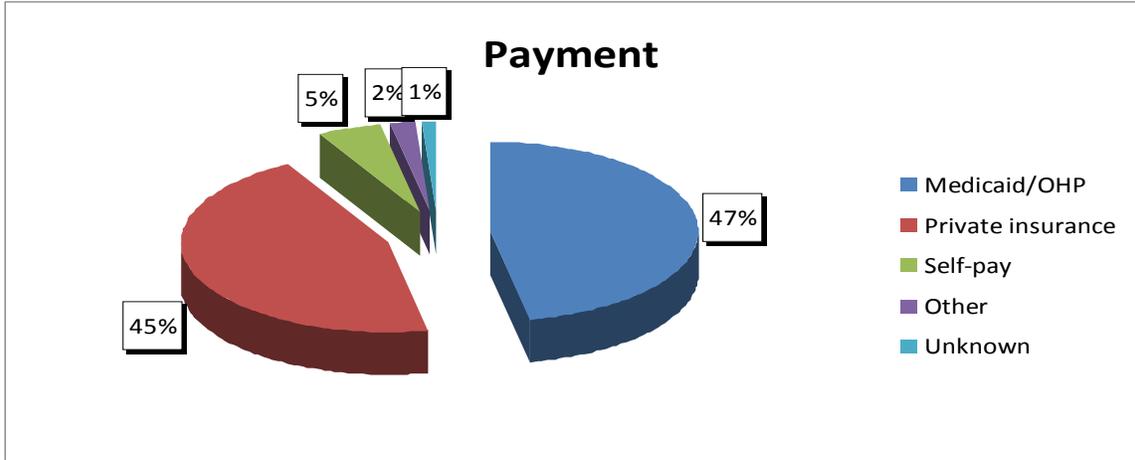
### 11. Teenage Birth Rates<sup>5</sup>

The teenage birth rate in Tillamook County averages around 100 for every 1,000 live births. This is slightly higher than the teenage birth rate for Oregon, at 85.7 per 1,000 live births. The U.S. Census defines a teenage birth as one where the mother is younger than 19 years of age.



## 12. Source of Payment for Birth<sup>5</sup>

The majority of births in Tillamook County are paid for with Medicaid/OHP, with slightly fewer using private insurances.



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