2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY

TILLAMOOK COUNTY

2022

APPROVED APRIL 27, 2023

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Purpose & Summary

Non-profit health systems, community-based organizations, and public health agencies and community collaborations across the country all share a similar calling: to provide public service to help improve the lives of their community. To live out this calling and responsibility, Tillamook County Wellness (TCW), a countywide health improvement collaborative, conducts a Community Health Needs Assessment (CHNA) every three years, with our most recent report completed in 2022. Now that our communities' voices, stories, and priority areas are reflected in the CHNA, our next step is to complete a Community Health Improvement Plan (CHIP), or as we refer to it in this report, a Community Health Implementation Strategy (CHIS).

The CHIS consists of a long-term community health improvement plan that strategically implements solutions and programs to address our health needs identified in the CHNA. Together with the Adventist Health Well-Being team, local public health officials, community-based organizations, medical providers, students, parents, and members of selected underserved, low-income, and minority populations, Tillamook County intentionally developed a strategic plan to address the needs of our community.

In this CHIS, you will find strategies, tactics, and partnerships that address the following health needs identified in the 2022 Tillamook County CHNA:

Access to Care

Financial Stability

Housing

We hope this report is leveraged by all local partners and community members, empowering them to own the potential of healthy living for all. This report was reviewed and approved by our Board as well as the Adventist Health System Board on April 27, 2023. The entire report is published online and available at www.tillamookcountywellness.org or in print form by contacting community.benefit@ah.org.

TCW is a formal, charter-bound partnership of health and government agencies, community-and service-based organizations and private businesses that came together in May 2015 to participate in the development of a collective CHNA exercise and population health improvement initiative. TCW has continued to collaborate on the 2022 CHNA report.

This report is being submitted on behalf of the following healthcare agencies and TCW Advisory Members:

- Adventist Health Tillamook
- Nehalem Bay Health Center & Pharmacy
- Tillamook County Community Health Centers
- Tillamook County Public Health
- Tillamook Family Counseling Center
- City of Tillamook
- Columbia Pacific CCO
- Consejo Hispano
- Food Roots, NGO
- Northwest Regional Education Service District
- Northwest Senior & Disability Services
- Oregon Dairy & Nutrition Council
- Oregon Health & Science University (OHSU)
- Oregon State University Extension, Community & Family Health
- Tillamook Bay Community College
- Tillamook County Board of Commissioners
- Tillamook County Creamery Association
- Tillamook County Family YMCA
- Tillamook County Pioneer
- Tillamook County Department of Community Development
- Tillamook School District 9

What if . . .

It's not a prescription that changes your health?

Instead, it's a collaboration between you and your care providers?

And it's community-based organizations working together to support you?

Getting to know our Tillamook County CHNA service area*

Tillamook County is nestled in the fertile Oregon Coast Range and recognized for its plentiful region of dairy farms. Tillamook, or "Land of Many Waters," is comprised of 75 miles of coastline, four bays, nine rivers, and is home to the Tillamook Cheese Factory—attracting many tourists. Tillamook City, the largest city in the county, has a population of 4,971 with a majority age group of older adults (65+) making up 25.3% of the population. The total population of the area included in this needs assessment is 27,216 people.

The Tillamook County Fair, summer parades, rodeos, and unity of the community contribute to the small-town rural feel of this community. Residents are 89.4% non-Hispanic, 10.6% Hispanic and have a median household income of $55,214 of which 62.83% is spent on housing and transportation.

Among this population, 15.96% of children live in poverty and 4.81% of students are unhoused, compared to the state average of 3.99% and national average of 2.77%.

For a more detailed look into community member comments, facts and numbers that are captured in the CHNA, please visit adventisthealth.org/about-us/community-benefit. The following pages provide a closer look into our community demographic as well as our approach to the CHIS.

**This service area represents Tillamook County's primary service areas (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve, creating the Tillamook County CHNA service area.*

What if our community worked together and made life all-around better? What if we offered various pathways to meet our diverse needs, so every member of our community experienced better health, prosperity and longevity?

Who We Serve

DEMOGRAPHIC PROFILE

The following zip codes represent Tillamook County's primary service area (PSA), accounting for 75% of hospital discharges. Additionally, we took a collaborative approach and expanded our PSA by inviting Steering Committee members to include the zip codes of those they serve.

The Tillamook County CHNA market has a total population of 27,216 (based on the 2020 Decennial Census). The largest city in the service area is Tillamook, with a population of 4,971. The service area is comprised of the following zip codes: 97107, 97118, 97131, 97136, 97108, 97147, 97122, 97149, 97134, 97130,97135, 97141, 97112.

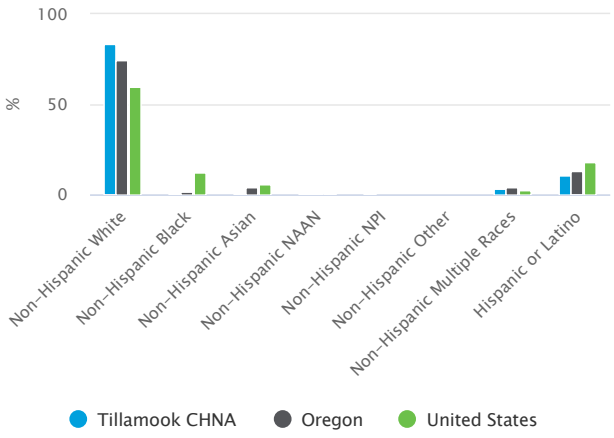
Total Population

27,216

69.82%
of the population owns their home

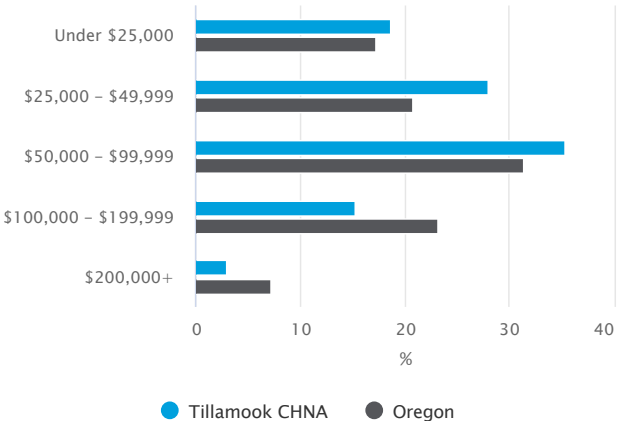
30.18%
of the population rents their home

Population by Combined Race and Ethnicity



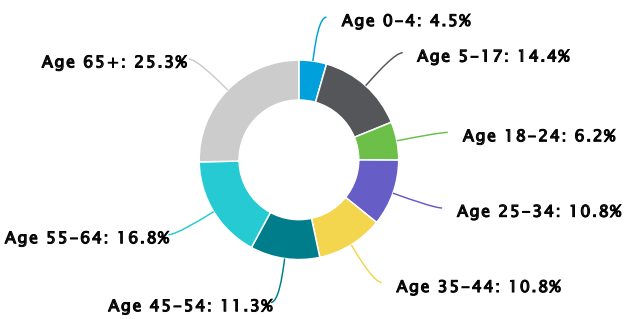
Note: NAAN = Native American or Alaska Native, NPI = Native Hawaiian or Pacific Islander.

Household Income Levels



Total Population by Age Groups, Total

Tillamook CHNA



About Us

Adventist Health Tillamook

Adventist Health Tillamook is a 25-bed critical access medical center with key service areas including 24-hour ambulance and emergency services, clinical outpatient therapy services, imaging, laboratory, medical and surgical services. We are proud to serve the rural community of Tillamook, found on the northern Oregon coast that ordinarily would not have access to many of the advanced medical services we offer.

Adventist Health

Adventist Health is a faith-inspired, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 34,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Together, we are transforming the American healthcare experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing to support community well-being.

Tillamook County Community Health Centers

Tillamook County Community Health Centers (TCCHC), is a Federally Qualified Health Center primarily serving the residents of Tillamook County. TCCHC is committed to providing quality, compassionate, affordable and accessible services without discrimination based on race, color, national origin, religion, gender, disability, political beliefs, age, sexual orientation or religious creed. No one is refused service due to an inability to pay. The Center offers a wide array of services throughout the county in its facilities and mobile clinic to meet the diverse bio-psycho-social needs of the community. The Centers provide medical, behavioral, and dental/oral health services. TCCHC also provides comprehensive public and environmental health services for the community. The mission of TCCHC is to promote and protect the health of all people in Tillamook County.

Tillamook Family Counseling Center

The Tillamook Family Counseling Center (TFCC) is a comprehensive behavioral health services provider serving youth, adults and their families in Tillamook County. The agency was incorporated in 1983 and has been successfully operating in Tillamook County since that time. TFCC serves the community out of its main office in Tillamook, and in North Tillamook County at its Rockaway Beach location. As a private, non-profit agency, TFCC is certified by the Health Systems Division of the Oregon Health Authority. Additionally, the agency is certified by the Oregon Department of Human Services to provide services and supports for individuals with Intellectual and Developmental Disabilities.

Nehalem Bay Health Center & Pharmacy

Nehalem Bay Health Center & Pharmacy (NBHC) is a Community Health Center in Wheeler, Oregon. The clinic's mission is delivering compassionate team-based health care and wellness education to improve the lives of ALL in our community.

NBHC has been operating in one form or another since 1913. The clinic's long history provides the care team a comprehensive understanding of the community's health and wellness needs, and the ability to adapt as those needs change.

NBHC also operates Neah-Kah-Nie (NKN) Student Health & Wellness Center, the only certified school-based health center in Tillamook County. The center, located at Neah-Kah-Nie High School, is open to all students and staff in the NKN School District.

Tillamook County's Approach to CHNA & CHIS

We prioritize well-being in the communities we serve across our system. We use an intentional, community centered approach when creating our CHNA's to understand the health needs of each community. After the completion of the community assessment process, we address health needs such as mental health, access to care, health risk behaviors, and others through the creation and execution of a Community Health Implementation Strategy (CHIS) for each of our hospitals and their communities.

The following pages highlight the key findings the Tillamook County CHNA Steering Committee (see page 24 for a list of CHNA Steering Committee sector participants) identified as their top priority health needs, or as we refer to them in this report, their 'High Priority Needs'. The High Priority Needs are addressed in this Community Health Implementation Strategy.

High Priority Needs

The following pages highlight the High Priority Needs that will be addressed in this Community Health Implementation Strategy.

Access to Care

COMMUNITY VOICES

- Interviewees noted that difficulty managing healthcare appointments could be a source of stress for community residents.
- Interviewees noted that it is difficult to get basic medical appointments and that anything other than a primary care visit requires extensive travel time.
- Limited public transportation infrastructure, including paid car options like taxi and Uber, make it difficult for people to get to the doctor, according to interviewees.
- One interviewee noted that only one doctor in the emergency medical plaza speaks Spanish.

Tillamook is known for spectacular landscapes, a wide variety of activities and friendly people. Still, as is common in other regions, there are challenges and concerns.

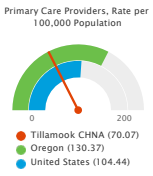
Comments center around challenges that come with trying to secure reliable health care. Managing appointments can be stressful, and residents have learned that securing appointments beyond a primary care request means extensive travel time.

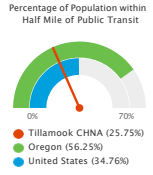
Another concern is the shortage of non-English speaking providers and interpreters. Specialty providers, such as pediatrics and OB/GYN, are in short supply. And, there are public transportation barriers.

To complicate residents' ability to secure care, there is a shortage of mental health providers compared to Oregon as a whole, with 169 providers per 100k people in the Tillamook area compared to 312 in Oregon. Compounding this, access issues are greater for some groups than others. 6.1% of residents are uninsured, but the rate jumps to 17.7% for Black people and 13.8% for Native Americans or Alaska Natives.

Tillamook residents openly shared their concerns and ideas. By working together, there can be a vision that becomes the solution.

SECONDARY DATA INFOGRAPHIC STATS:





Hospital Beds Dashboard

Report Area	Total Population	Licensed Beds	Staffed Beds	ICU Beds	Licensed Beds, Rate per 100,000 Pop.	Staffed Beds, Rate per 100,000 Pop.	ICU Beds, Rate per 100,000 Pop.
Tillamook CHNA	26,611	48	24	3	183.02	93.43	**14.95**
Clatsop County, OR	39,764	83	48	8	208.73	120.71	20.12
Tillamook County, OR	26,787	49	25	4	182.92	93.33	14.93
Oregon	8,381,426	18,460	15,016	1,676	220.25	179.16	20.00
United States	654,334,868	1,872,694	1,602,386	183,514	286.20	244.89	28.05

Financial Stability

COMMUNITY VOICES

- It was noted that residents who get a college education often have to leave the region due to limited job opportunities.
- There is a belief that poverty can become the norm for families across generations, according to members of the community.
- Residents shared that limited income decreases the opportunity to relocate for better work opportunities.
- Interviewees noted that needing to pay for private insurance is a major financial burden for some.
- "COVID greatly limited work options for people, which has a huge impact on financial stability."

The term financial stability means different things to Tillamook's residents. To some it is safe housing, healthy foods or everyday necessities. Understanding that financial stability impacts each resident, working toward brighter futures is a goal powered by hope and optimism.

Data provides a look into challenges facing Tillamook. About half of the working-age population participates in the workforce; 16% of children under the age of 18 are living in poverty, compared to 15% in Oregon. Poverty level rates are staggering for children who are Native American or Alaska Natives (87.9%) and Native Hawaiian or Pacific Islanders (80.6%).

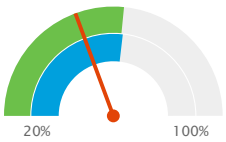
Average household and median household incomes are lower in Tillamook ($55,214) than in Oregon ($65,667) and the US ($64,994).

Residents confirmed concerns, reporting that $15 per hour wages leave people struggling to find housing. They shared how medication costs impact people with chronic conditions. Interviewees said that when they did secure a job, the hours offered did not generate a reliable income.

Surveys showed that financial stability is a significant need. Efforts underway focus on supporting change and inspiring courage that leads to greater opportunities.

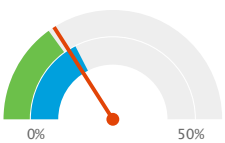
SECONDARY DATA INFOGRAPHIC STATS:

Labor Force Participation Rate



- Tillamook CHNA (50.97%)
- Oregon (62.52%)
- United States (62.97%)

Percent Population Under Age 18 in Poverty



- Tillamook CHNA (15.96%)
- Oregon (15.02%)
- United States (17.48%)

Income – Median Household Income

Report Area	Total Households	Average Household Income	Median Household Income
Tillamook CHNA	11,010	$69,813	$55,214
Clatsop County, OR	16,019	$73,880	$57,466
Tillamook County, OR	11,075	$69,997	$54,268
Oregon	1,642,579	$88,137	$65,667
United States	122,354,219	$91,547	$64,994

Housing

COMMUNITY VOICES

- Residents noted an increase in housing stock as one of the biggest, most immediate needs.
- Having to spend large portions of income on housing directly affects residents health, according to interviewees.
- One resident shared hopes for a future where leaders in the community come together to address affordable housing issues.
- "Housing, more than any other financial demand, is the biggest cause of fiscal insecurity."
- Some noted that there is a challenge based on the amount of available land, and how to allocate it for housing versus commercial use.

Finding a safe and secure living space is challenging for residents of Tillamook County, with many feeling unsure about what tomorrow will bring. Research has shown that Tillamook residents face hardships with access to safe housing and the increased risk of being unhoused is among the most critical concerns.

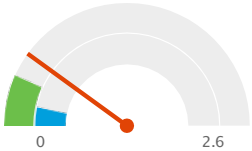
Limited availability of housing along with high home and rental costs are major contributors to financial instability. A survey showed that the unhoused population is higher than the state overall and higher than the U.S. rate. A high rate of 4.8% of students have no home, impacting their health and overall well-being which can create barriers to opportunities for a brighter future.

Residents shared that housing is a significant cause of fiscal insecurity, as is the perceived number of vacation rentals. There is also a belief that people from urban areas outside the community purchase housing units frequently, decreasing options for locals. This also drives up the cost, meaning much of their income is spent on housing, leaving little for basic necessities.

These are somber realities, but the encouraging focus on bringing health to the Tillamook community continues. Together with the community, we can tackle these issues to ensure a future full of health, wholeness and hope.

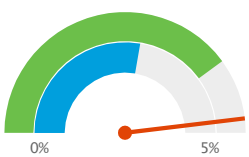
SECONDARY DATA INFOGRAPHIC STATS:

Homeless Rate per 100 Pop. 2020



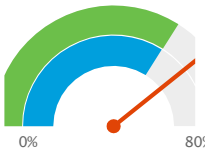
- Tillamook CHNA (0.52)
- Oregon (0.35)
- United States (0.17)

Public School Students (in Reported Districts)

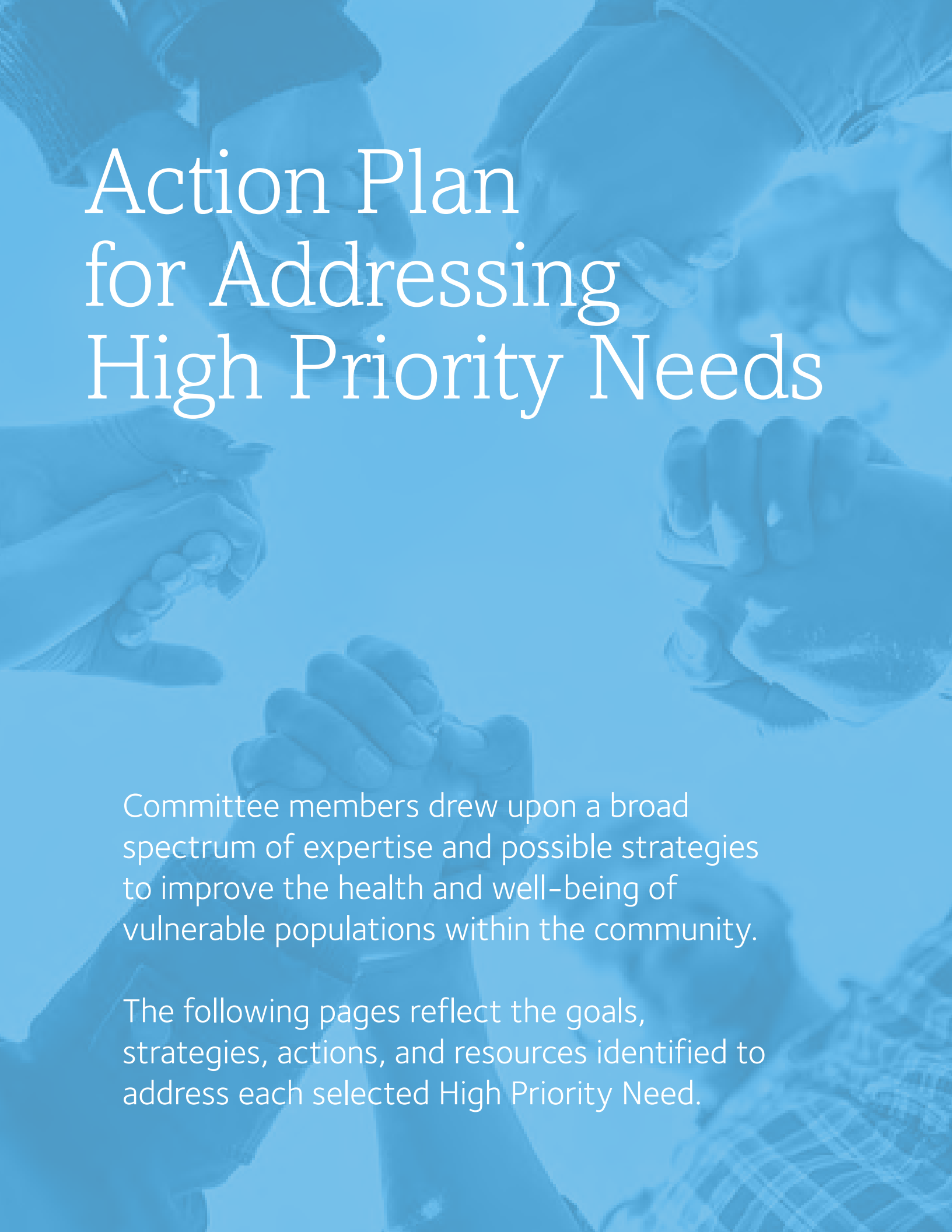


- Tillamook CHNA (4.81%)
- Oregon (3.99%)
- United States (2.77%)

Percentage of Income Spent on Housing and Transportation



- Tillamook CHNA (62.83%)
- Oregon (54.41%)
- United States (54.30%)



Action Plan for Addressing High Priority Needs

Committee members drew upon a broad spectrum of expertise and possible strategies to improve the health and well-being of vulnerable populations within the community.

The following pages reflect the goals, strategies, actions, and resources identified to address each selected High Priority Need.

ADDRESSING HIGH PRIORITY: ACCESS TO CARE

GOAL	Provide more effective and meaningful care to target populations by improving access to verbal and written translation services.

Priority Area:	Access to Care	Sub-Category:	Barriers – Health Literacy	Defining Metric:	Linguistically Isolated Households

Strategy:	Identify, communicate, and increase current resources for language, interpretation and translation services; Leverage support area agencies' desire to provide equitable and inclusive services.
Population Served:	Vulnerable populations: Population with limited English proficiency
Internal Partners:	Adventist Health care providers, teams and staff.
External Partners:	Adventist Health Tillamook, Nehalem Bay Health Center, Tillamook Family Counseling Center, Tides of Change, Consejo Hispano, Tillamook County YMCA, Columbia Pacific CCO, Tillamook Bay Community College (TBCC) and employers.

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Collaborate with Tillamook County (TC) healthcare providers and CBOs to identify and implement collaborative strategies to increase access to translation and interpretation services. Recruit and deploy bilingual community health workers (CHW) in TC and/or increase availability of tools (I.e., telemedicine) to facilitate effective communication. Clinics and CBOs use the Connect Oregon Network to provide referrals for English as a Second Language (ESOL) programming to interested patients and clients. Promote ESOL classes, health literacy and language resources in Spanish via worksites.	TCCHC	Marlene Putman
	Adventist Health	Michelle Jenck
	Nehalem Bay Health Center	Gail Nelson
	Tillamook Family Counseling Center	Frank Hanna-Williams
	Tides of Change	Valerie Bundy
	Consejo Hispano	Diana Niño
	Tillamook YMCA	Kaylan Sisco
	Columbia Pacific CCO	Genesis Castillo
	TBCC	Angelica Ortiz

YEAR ONE	YEAR TWO	YEAR THREE
Establish a baseline by surveying TC providers and CBOs to identify the number of certified interpreters and bilingual CHW.	Meet with TC providers and CBOs to identify gaps and opportunities for resource alignment and expansion. Increase the number of certified medical interpreters in TC to reflect the percentage of populations served.	Implement shared strategy to increase cultural and language access. Resurvey TC providers and CBOs to measure effectiveness. Increase the number of bilingual and multicultural CHWs in TC to at least three.

ADDRESSING HIGH PRIORITY: ACCESS TO CARE

GOAL	Improve awareness, knowledge, provider relationships and health outcomes by increasing health literacy among Tillamook County residents.

Priority Area:	Access to Care	**Sub-Category:**	Barriers – Health Literacy	**Defining Metric:**	Population with no health insurance; Adults with no high school diploma

Strategy:	Improve health outcomes by partnering with healthcare and CBOs, and via outreach to the general public, to increase awareness, confidence, skills and trust through increased levels of health literacy.
Population Served:	Total population
Internal Partners:	Adventist Health Tillamook Marketing and Communications, Well-Being, Oregon Health Plan (OHP) enrollment assister, care providers, care coordinators and staff.
External Partners:	Potential external partners include Helping Hands, CARE, Tillamook County Library, Food Banks, Marie Mills, and Tillamook County School Districts, Tillamook County Community Health Centers/Public Health (TCCHC/PH)

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Collaborate with Access to Care Committee members to identify health literacy opportunities and/or projects and initiate engagement with external partners. Conduct a community health literacy awareness campaign using multiple media channels (radio PSAs, social and print media), flyers at key community locations and targeting communications and promotions through local worksites.	TCCHC/ PH	Rockie Phillips
	Tillamook YMCA	Kelly Benson
	Tides of Change	Valerie Bundy
	Northwest Seniors and Disability Services	Peter Svendsen
	Adventist Health Tillamook	Mareliza DeJesus/Michelle Jenck
	Tillamook County Veteran Services	Nick Torres
	Nehalem Bay Health Center	
	Columbia Pacific CCO	Genesis Castillo
	Tillamook Family Counseling Center	Janeane Krongos

YEAR ONE	YEAR TWO	YEAR THREE
Establish a plan and develop a schedule for community health literacy opportunities.	Evaluate health literacy program effectiveness and create sustainability plan.	Continue to offer and plan for health literacy education opportunities.

ADDRESSING HIGH PRIORITY: ACCESS TO CARE

GOAL	As a county, adopt policies that further support culturally and linguistically responsive specific services.

Priority Area:	Access to Care	**Sub-Category:**	Barriers – Health Literacy	**Defining Metric:**	Population without medical insurance; Households with no vehicle, Adults with no high school diploma

Strategy:	Promote and support advancing diversity, equity and inclusion throughout Tillamook County as a way to lower barriers to accessing care in our community
Population Served:	Vulnerable Populations: Single-Parent Households, Disengaged Youth, Population with Limited English Proficiency, Aging population, Population with a Disability, Veterans
Internal Partners:	Administration, Business Development, internal OUR Tillamook team, Wellness
External Partners:	CARE, Tillamook County Community Health Centers/ Public Health (TCCHC/PH), Tillamook Family Counseling Center (TFCC), Nehalem Bay Health Center (NBHC), Tillamook Serenity Club (TSC), Tillamook County Behavioral Health Resource Network (BHRN)

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Collaborate with Behavioral Health Resource Network (BHRN) partners to update and implement policies to include culturally and linguistically responsive specific services.	TCCHC/ PH	Rockie Phillips
	CARE	Krystine Valle
	TSC	Angel Parsons
	NBHC	Gail Nelson
	Adventist Health Tillamook	Mareliza DeJesus/Michelle Jenck/ Nicole Vertner
	TFCC	Frank Hannah-Williams

YEAR ONE	YEAR TWO	YEAR THREE
Update organization policies.	Evaluate policy success and adherence.	Continue to evaluate and update policies to reflect changing cultures.

ADDRESSING HIGH PRIORITY: ACCESS TO CARE

GOAL	Address root causes of health disparities and inequities through screening and closed-loop referrals for social determinants of health (SDoH).

Priority Area:	Access to Care	Sub-Category:	Availability – Primary Care	Defining Metric:	Primary Care Shortage Areas

Strategy:	Reduce the need for hospital, clinic visits, and on-going care management by addressing SDoH.
Population Served:	Vulnerable Populations including single-parent households, disengaged youth, population with limited English proficiency, aging population, population with a disability, children in poverty, and veterans.
Internal Partners:	Adventist Health Tillamook care providers, care coordinators, staff and volunteers.
External Partners:	CARE Oregon, Columbia Pacific CCO (CPCCO), partner organizations and CBOs within the Connect Oregon Network, powered by Unite Us.

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Collaborate with Access to Care committee members to increase the number of partner organizations, CBOs and relevant programs actively using the Connect Oregon Network. Deploy CHWs and provide training to CBO staff to effectively facilitate closed-loop referrals between individuals and programs supporting SDoH. Monitor Connect Oregon Network data reports to identify gaps, opportunities, and resource needs to further support connectivity to SDoH and to reduce the burden on under-resourced healthcare systems.	TCCHC/ PH	Rockie Phillips
	Tillamook YMCA	Kaylan Sisco, Kelly Benson
	Tides of Change	Valerie Bundy
	Northwest Seniors and Disability Services	Peter Svendsen
	Adventist	Mareliza DeJesus/Michelle Jenck
	Tillamook county Veteran Services	Nick Torres
	CARE	Michele Wayne
	CPCCO	Genesis Castillo
	Tillamook Family Counseling Center	Janeane Krongos

YEAR ONE	YEAR TWO	YEAR THREE
Identify key partners and programs needed in the Connect Oregon Network. Identify CHW and staff training needs to support utilization of the Connect Oregon Network.	Hire and train CHWs and partner organization staff to utilize the Connect Oregon Network. Increase the number of closed-loop referrals for SDoH in Connect Oregon Network.	Targeted improvements and investments in CHW utilization and Connect Oregon referrals to increase the number of closed-loop referrals for SDoH.

ADDRESSING HIGH PRIORITY: FINANCIAL STABILITY

GOAL	Develop an Associate of Applied Science Nursing Program that prepares students to take the NCLEX-RN licensure exam to become a Registered Nurse.

Priority Area:	Financial Stability	**Sub-Category:**	Employment	**Defining Metric:**	Median household income

Strategy:	Increase nursing career pathways and workforce employment pipelines for skilled healthcare occupations.
Population Served:	Total population
Internal Partners:	Adventist Health Tillamook President, EMS/Ambulance, Lab, Clinics, Urgent Care, and Hospital
External Partners:	Tillamook Bay Community College (TBCC); all agencies represented through TBCC's Healthcare Advisory Committee; Adventist Health Tillamook (AHTM); Tillamook County Community Health Centers (TCCHC); Nehalem Bay Health Center & Pharmacy (NBHC&P); Nehalem Bay Health District (NBHD); NeahKanie, Nestucca, and Tillamook School Districts.

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
1) TBCC Board of Education approves degree offering. 2) Complete program approval with Oregon State Board of Nursing. 3) Notify Northwest Commission on Colleges and Universities for approval to offer new degree. 4) Develop partnership agreements between clinical sites. 5) Design program evaluation plans. 6) Recruit nursing faculty for didactic and clinical instruction. 7) Recruit permanent Nursing Director. 8) Sign articulation agreements with educational partners.	TBCC	Heidi Luquette
	TCCHC	Marlene Putman
	NBHC&P	Gail Nelson
	NBHD	Jeff Slamal
	NKN School Dist.	Paul Erlebach
	Tillamook School Dist.	Jennifer Guarcello
	Nestucca School Dist.	Misty Wharton
	AHTM	Eric Swanson
	EMS/Ambulance Lab Lab Clinic Urgent Care Hospital Business Dev. Community Health	Jackie Fox Jodi Richardson Jonetta Blum Katelyn Cole Michael Halferty Heather Thompson Nicole Vertner Michelle Jenck

YEAR ONE	YEAR TWO	YEAR THREE
Recruit and admit eight (8) students for Nursing cohort 1 for fall 2023.	Report percentage of student retention from year one to year two for first cohort; Report percentage of students who pass the NCLEX-RN.	Evaluate employment outcomes and/or transfer rates for first cohort.

ADDRESSING HIGH PRIOIRITY: FINANCIAL STABILITY

GOAL	Increase labor work force participation rates by increasing childcare availability and affordability.

Priority Area:	Financial Stability	Sub-Category:	Employment	Defining Metric:	Median household income; Labor force participation rate

Strategy:	Develop a multi-solution, county-wide plan to expand and sustain childcare in Tillamook County.
Population Served:	Total population
Internal Partners:	AHTM care teams, associates, and patients.
External Partners:	Tillamook County, Tillamook County Creamery Association (TCCA), Child Care Resource & Referral (CC R&R), Tillamook County Family YMCA (YMCA), Tillamook Early Learning Center (TELC), School Districts and area childcare providers and employers

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Assess the current landscape to identify gaps, needs, and factors impacting available childcare such as zoning, facilities, regulatory barriers, workforce, etc. Develop holistic, countywide plan with multiple potential solutions to increase childcare access and increase/sustain related workforce. Identify and seek out revenue sources to increase childcare supply at affordable and attainable rates. Build awareness of and buy-in around solutions with targeted partners, including local, regional, state, and federal government and area employers.	Board of Commissioners, Tillamook County	Erin Skaar EDC SBDC
	TCCA East Impact	Paul Snyder Heidi McGowan
	CC R&R	Eva Manderson Dorothy Spence
	YMCA	Kaylan Sisco
	TELC	Jaimie Rhodes
	NKN School District	Paul Erlebach
	Tillamook School District	Jennifer Guarcello
	Nestucca School District	Misty Wharton
	AHTM	Michelle Jenck

YEAR ONE	YEAR TWO	YEAR THREE
Identify gaps and needs. Produce a multi-solution plan. Assess stakeholder buy-in of proposed solutions.	Prioritize and implement solutions. Evaluate efficacy and make continuous improvements. Targeted financial investments	Continue implementation and assessment of solutions. Measure improvements and secure sustainable funding.

ADDRESSING HIGH PRIOIRITY: **FINANCIAL STABILITY**

GOAL	Improve financial stability for individuals and families by increasing awareness, knowledge and skills related to financial literacy.

Priority Area:	Financial stability	**Sub-Category:**	Stability	**Defining Metric:**	Housing cost burden; Delinquent debt

Strategy:	Humanize financial literacy through inspiring, cultural, and linguistically relevant storytelling and increase access to financial literacy programs.
Population Served:	Total Population
Internal Partners:	AHTM Care Teams, associates, and patients.
External Partners:	Urban Rural Action (UR Action), Financial Beginnings Oregon (FBOR), Tillamook Bay Community College (TBCC), Tillamook School District 9 (TSD9), Habitat for Humanity, CARE, 1st Security, community volunteers.

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Implement "Financial Beginnings" curriculum through local community partners and trained volunteers, concurrent with a marketing campaign to increase awareness and perceived relevance of financial literacy to increase well-being, which reflects the diversity of our communities. Develop and share resources for financial wellness in English and Spanish.	UR Action	Joe Bubman Ted Volchok
	FBOR	Maree Beers
	TBCC	Angelica Ortiz
	TSD9	Tyler Reed
	Habitat for Humanity	Briar Smith
	AHTM	Micah Smith Michelle Jenck
	1st Security	Ryan Weber
	Volunteers	Andy Jenck Trinity McClure
	Volunteers	Andy Jenck Trinity McClure

YEAR ONE	YEAR TWO	YEAR THREE
"Financial Beginnings" programs implemented with at least three (3) community partners. A minimum of six (6) trained volunteers.	Participation increases of 10% over year one baseline. Establish a website landing page with financial wellness resources.	Integration of "Financial Beginnings" into at least one school district, K-12.

ADDRESSING HIGH PRIOIRITY: FINANCIAL STABILITY

GOAL	Support individuals with substance use disorder (SUD), and who are experiencing poverty, regain stable long-term employment.

Priority Area:	Financial stability	**Sub-Category:**	Stability	**Defining Metric:**	Unemployment

Strategy:	Partner with individuals in our community to provide resources, skills, and opportunities to return to the workforce.
Population Served:	Vulnerable populations including disengaged youth, single-parent households, and the veteran population
Internal Partners:	AHTM Opioid Use Response (OUR) Tillamook Team, Well-Being
External Partners:	CARE, Tillamook County Community Businesses, Tillamook County BHRN Partners, Tillamook Family Counseling Center (TFCC)

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
Implement a supportive employment program.	CARE	TBD
	AHTM	Mareliza de Jesus, Nicole Vertner
	Tillamook County Wellness	Michelle Jenck
	TFCC	Frank Hannah-Williams Robyn Herrick

YEAR ONE	YEAR TWO	YEAR THREE
Create a supportive employment program and make connections in the community.	Track the number of people engaged with the supportive employment program.	Track the number of people successfully employed after interaction with the supportive employment program.

ADDRESSING HIGH PRIOIRITY: **HOUSING**

GOAL	Reduce housing cost burden and improve quality of life by increasing access to affordable and workforce housing.

Priority Area:	Housing	**Sub-Category:**	Housing Costs	**Defining Metric:**	Severe Housing Cost Burden: H+T Affordability Index

Strategy:	Reduce barriers and create incentives to increase the number of affordable and workforce housing units at rents up to 120% Area Median Income (AMI) in Tillamook County.
Population Served:	Total Population
Internal Partners:	AHTM Administration & Human Resources, Community Well-Being
External Partners:	Tillamook County Department of Community Development (TCDCD), Tillamook County Housing Commission (TCHC) and its members, private developers, businesses, residents, and local municipalities

Action: Program/Activity/Tactic/Policy	**Organization**	**Lead**
1)Educate and communicate to identify challenges, opportunities, and perceptions on supporting affordable/workforce housing. 2) Evaluate and advocate for local, state, and federal policies promoting affordable and/or workforce housing. 3) Identify and promote places for affordable and/or workforce housing. 4) Identify opportunities for financial support for affordable and/or workforce housing.	TCDCD & TCHC	Sarah Absher TJ Fiorelli
	Housing Commission	Numerous
	Private Developers	Numerous
	Cities	Numerous
	Community Advisory Councils	Numerous
	Community Advisory Councils	Numerous

YEAR ONE	YEAR TWO	YEAR THREE
Establish and implement grant funding to support developmental activity through Short Term Rental Operator (STR) fees. Establish a communication infrastructure for education and promotion of housing activities.	County-wide policies allowing construction of Accessory Dwelling Units (ADUs) in all areas of the county. Finalize opportunity list of potentially buildable land. Establish a Housing Navigator role at TCDCD to assist new/first-time developers in navigating the permit process.	Increase county housing vacancy rate from 1% (2019 baseline) to at least 5% through addition of new housing units.

ADDRESSING HIGH PRIOIRITY: HOUSING

GOAL	Increase connectivity of resources and housing placement for individuals with no or inadequate housing, and/or housing in need of repairs and maintenance.

Priority Area:	Housing	**Sub-Category:**	Housing Costs; Homelessness	**Defining Metric:**	Cost Burden, Evictions, Homeless PIT and Students/Youth

Strategy:	Partner with clinical and community-based organizations to screen for and connect people to housing navigation and home repair/maintenance support.
Population Served:	Vulnerable Populations including single-parent households, disengaged youth, population with limited English proficiency, aging population, population with a disability, children in poverty, veterans
Internal Partners:	RN Nurse Care Navigators, Care Managers, and care teams.
External Partners:	Potential external partners including CARE, Helping hands, Habitat for Humanity, churches, schools, and Community Benefit Organizations (CBOs).

Action: Program/Activity/Tactic/Policy	**Organization**
Assess current resources, programs, and referral practices to identify gaps, opportunities and resource needs. Identify key pathways for referrals with existing programs. Work with clinics and CBOs to increase closed-loop referrals for housing and home repairs using the Connect Oregon Network. Deploy community health workers (CHW) to further support connectivity for housing and home repairs.	CARE
	Habitat for Humanity, Ramps & Rails
	NorthWest Senior and Disability Services

YEAR ONE	YEAR TWO	YEAR THREE
Identify existing and needed housing and home repair resources within and outside of the Connect Oregon Network. Identify who is already making referrals.	Identify funding and partner organizations for a Housing Navigation CHW (FTE). Increase adoption of and referrals within the Connect Oregon Network.	Increase the number of successful, closed-loop housing and home repair referrals.

ADDRESSING HIGH PRIOIRITY: HOUSING

GOAL	Provide low-barrier shelters to create safe sleeping locations for people who are unhoused or experiencing homelessness.

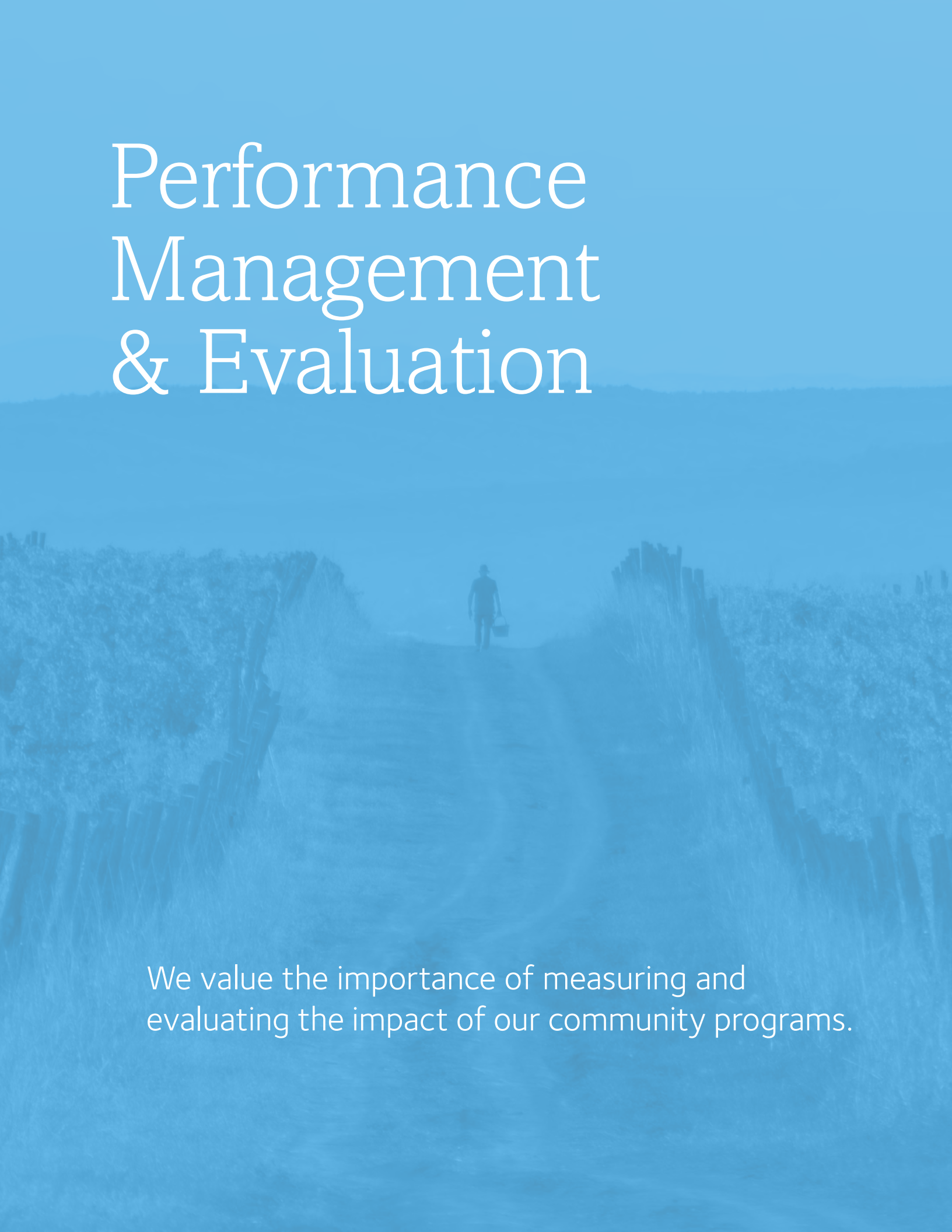
Priority Area:	Housing	**Sub-Category:**	Homelessness	**Defining Metric:**	Homeless Point in Time (PIT)

Strategy:	Partner with OUR Tillamook and Tillamook County Behavioral Health Resource Network (BHRN) partners to create a low-barrier sustainable shelter program.
Population Served:	People without housing, with insufficient and/or unsafe housing, especially homeless or unhoused individuals, people with low-incomes and among disadvantaged populations.
Internal Partners:	AHTM Business Development, OUR Tillamook Project Manager, OUR Tillamook Project Director
External Partners:	CARE, Tillamook County BHRN Partners, OUR Tillamook

Action: Program/Activity/Tactic/Policy	**Organization**
Increase # of low barrier shelters. Track and manage the percent of occupancy of shelters. Implement wrap-around service delivery, including connectivity to transitional housing, long-term housing, employment, mental health support, and substance use treatment.	CARE TFCC AHTM TCCHC

YEAR ONE	YEAR TWO	YEAR THREE
Implement shelter program and establish baseline number of shelters utilized.	Track shelter utilization and continue to provide wrap around services to reduce need for sheltering and/or increase sheltering for unhoused individuals.	Track shelter utilization and continue to provide wrap around services evaluate tracking later defined successes such as employment, transitional housing, long term housing etc.

Performance Management & Evaluation



We value the importance of measuring and evaluating the impact of our community programs.

Performance Management & Evaluation

Adventist Health will support the High Priority Need action plans identified in this CHIS by monitoring progress on an ongoing basis and adjusting the approach as needed over the course of the next three years. There are several resources in place to aid in this. All CHIS programs and initiatives will include a completed logic model to identify intended activities, outputs, and short and long-term outcomes. Establishing core metrics for each program or initiative will allow for the ongoing collection of performance management data. Actively tracking metric performance leads to the identification of strengths and challenges to the work, the local hospital, the Adventist Health Community Benefit team, and external consultants. Together, we will work to share successes and create performance improvement plans when necessary.

In addition, Adventist Health hospitals where High Priority Needs are shared will have the opportunity to join a collaborative held by the Adventist Health Well-Being team. The collaborative will be centered on building a common approach that aligns and maximizes community benefit, thus reducing the need to manage this work independently at each hospital. Along with that, where appropriate, evaluation activities designed to measure the overall strength and success of this work at the community level will be incorporated into performance management tracking.

CHIS Development

The development of the CHIS was directly built from the CHNA, whose goal focused on leveraging community stakeholders and data to address the most significant health needs of our community over the next three years. Members of the CHNA Steering Committee—comprised of healthcare, civic, public, and business leaders—led the process of identifying and addressing health needs for a healthier community, completing the final report in fall of 2022.

Collaborating with CHNA Steering Committee members again in early 2023, Adventist Health Community Well-Being Directors facilitated a multi-step process to outline goals and strategies for the CHIS that foster change and positive impact in each of the High Priority Need areas. Each community relied on existing programs and services, and, where necessary, identified new opportunities to pursue collectively.

Once an approach received a consensus, the Community Well-Being Directors worked with Adventist Health leadership and expert consultants to set major annual milestones for each approach, generating outputs and outcomes that allow for ongoing performance management of this work. For further information on how success will be tracked, refer to the Performance Management and Evaluation section above.

Finally, the CHIS was presented to Adventist Health local Hospital Boards for review and feedback. In addition to this collaborative effort, we also welcome feedback at community.benefit@ah.org.

Scan the QR code for the full Secondary Data Report

Significant Identified Health Needs

The Adventist Health Community Well-Being team and community partners collectively reviewed all relevant significant health needs identified through the CHNA process. Using a community health framework developed for this purpose, 12 significant health needs were initially considered. The list of significant needs are as follows:

- Access to Care
- Community Safety
- Community Vitality
- Education
- Environment & Infrastructure
- Financial Stability
- Food Security
- Health Conditions
- Health Risk Behaviors
- Housing
- Inclusion & Equity
- Mental Health

From this group of 12, several high priority health needs were established for Tillamook County. High priority health needs were chosen as they had demonstrated the greatest need based on severity and prevalence, intentional alignment around common goals, feasibility of potential interventions, and opportunities to maximize available resources over a three-year period.

Using the criteria mentioned above, we were able to determine which needs were high priority, as compared to those that were significant needs. The High Priority Needs are the focus of this CHIS. The remaining significant health needs are not addressed directly but will likely benefit from the collective efforts defined in this report. The following table provides additional information on all the significant health needs that were considered.

TABLE OF SIGNIFICANT IDENTIFIED HEALTH NEEDS

High Priority Needs	
Access to Care	**See Sections III**
Financial Stability	**See Sections III**
Housing	**See Sections III**
Lower Priority Needs	
Community Safety 211info.org/get-help/employment/	This community has higher rates of unemployed and out-of-school youth aged 16-19 than the state or the US, major vehicle crash mortality, and injury mortality.
Housing-Unhoused 211info.org/get-help/housing-shelter/	The limited number of available housing units and the overall high cost of living are critical drivers to homeless. 57% of those surveyed identified homelessness as a health need in the community.
Health Risk Behaviors 211info.org/get-help/mental-behavioral-health/	This community has higher rates of adult smoking, teen birth rates, and low birthweight births than the rest of the state. There are concerns among interviewees that illicit drug use is a pervasive problem as well.
Health Conditions 211info.org/get-help/health-care/	The prevalence rates of diabetes, heart disease, and cancer are higher than the state average. Similarly, mortality rates for liver and lung disease are also elevated compared to Oregon as a whole.
Education 211info.org/get-help/education/	Difficulty recruiting and retaining teachers, coupled with limited afterschool options, hamper educational opportunities for students. Adequate and reasonably priced childcare access is also a problem for many families.
COVID 211info.org/get-help/health-care/	Around 60% of those surveyed identified COVID as a community health need.
Environment & Infrastructure 211info.org/get-help/transportation/	With limited public transportation in a rural area it is often difficult for many to access needed services. Land use also affects housing and recreational opportunities.
Mental Health 211info.org/get-help/mental-behavioral-health/	The need for mental health services has grown during COVID while the number of providers and the overall range of services has either been reduced or not matched the expanded need. Around 60% of those surveyed consider mental health a community health need.

Scan the QR code for the full Secondary Data Report

Community Health Financial Assistance for Medically Necessary Care Commitment

Adventist Health understands that community members may experience barriers in paying for the care they need. That is why we are committed to providing financial assistance to those who may need support in paying their medical expense(s).

Community members can find out if they qualify for financial aid in paying medical bills by completing a financial assistance application. Applications can be filled out at the time care is received or after the bill has been administered. To access the financial assistance policy for more information or contact a financial assistant counselor, please visit https://www.adventisthealth.org/patient-resources/financial-services/financial-assistance/.

Glossary of Terms

COMMUNITY ASSET

refers to community organizations, programs, policies, activities or tactics that improves the quality of community life.

DEFINING METRIC

this is the metric used to define the extent of the problem faced by the target population.

FUNDING

can be provided by (but not limited to) government agencies, public organizations, grants and philanthropic giving.

GOAL

there may be several overarching goals to address each prioritized health need. This is the overarching impact we want to achieve.

PARTNERS

describe any planned collaboration between the hospital and other facilities or organizations in addressing health needs.

POPULATION SERVED

who is included within the group to receive services of the program.

PRIORITIZED HEALTH NEED/ PRIORITY AREA/SIGNIFICANT HEALTH NEEDS

a health need that was identified in a community health needs assessment and was then selected by committee as a high priority need to be addressed.

STAKEHOLDER- INTERNAL

colleagues and or board members who work for or with the hospital.

STAKEHOLDER- EXTERNAL

community members or organizations who regularly collaborate with the hospital.

STRATEGY

a specific action plan designed to achieve the expected outcome.

SUB-CATEGORY

if needed, a more granular focus within the identified priority area may be called out.

Approval Page

2023 CHIS Approval

In response to the 2022 Community Health Needs Assessment, this Community Health Implementation Strategy was adopted on April 27, 2023 by the Adventist Health System/West Board of Directors.

The final report was made widely available on May 31, 2023.

1000 Third Street Tillamook, OR 97141
Lic #14-1177
adventisthealth.org

Thank you for reviewing our 2023 Community Health Implementation Strategy.
We are proud to serve our local community and are committed to making it a healthier place for all.

Eric Swanson, MBA, FACHE, NRP
Adventist Health Tillamook

TILLAMOOK COUNTY