

Nehalem Bay Health District

State of the Community Report: Strategic Planning Background & Property Data Findings

Strategic Plan Data and Analysis



Center for
Public Service



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Introduction

The purpose of this report by The Nonprofit Institute (NPI) at the Center for Public Service at from Portland State University is to provide the draft data and analysis conducted as part of the Nehalem Bay Health District (NBHD) planning process. This draft report reflects data gathered as of March 4, 2019. The NBHD Board may consider this data as a part of its discussion and decision making process(es) as it completes its strategic plan.

Strategic Planning Background & Visioning

The NBHD will engage in a strategic planning process that, when complete, should provide a vision for the District operations as well as a strategic direction for its property use. As part of that process, this report is organized into two major sections: 1) Data to support the District strategic direction and 2) Data to support the future property decisions.

Background Data

Statutory Authority and District Boundaries

As reflected below, the District boundaries are established by the State of Oregon Legislature. The District Board is currently responsible for:

- Serving as the Board and owner of the Nehalem Valley Care Center
- Managing the District's 5.09± acre property and tenants (including the Rinehart Clinic and the tenants in the former Wheeler Hospital — including the North County Food Pantry and (former) offices for health and wellness professionals

The NBHD is also authorized by Oregon law to:

- Provide and promote physical and mental health-related direct services
- Provide health-related outreach programs, research, and patient care
- Participate in community-sponsored health screenings and programs for prevention, wellness, improvement or other activities that address the physical or mental health needs of District residents
- Serve as a resource for health care providers in the District
- Develop business arrangements for the purpose of health care delivery systems and managed care plans

Figure 1 below shows the NBHD boundaries as currently authorized.

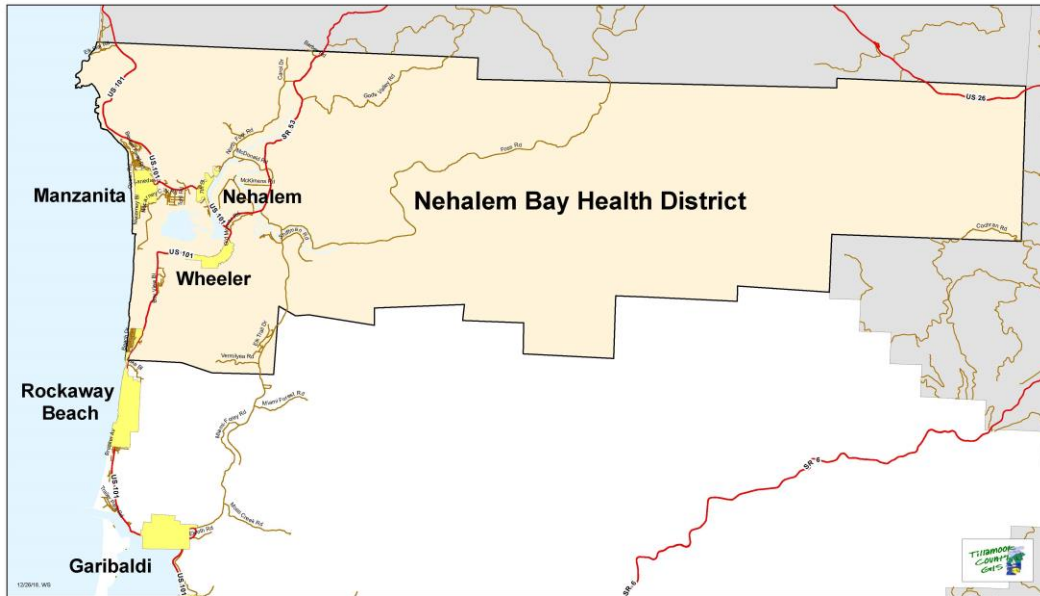


Figure 1: Nehalem Bay Health District Boundaries

Population and Housing Snapshot: Current Conditions

The following tables (Table 1 and Table 2) outline the population estimates and characteristics of the NBHD and Tillamook County. The population data is limited in the District. However, some estimates are available for Tillamook County.

Table 1: Nehalem Bay Health District Population & Housing Estimates

Housing Units ¹	3,407
Out-of-county address	2,246
In-county address	1,161
In-county addresses by average household size (1,161 x Tillamook County persons / household of 2.41)*	2,798
Registered Voters ²	3,085
U.S. Census population in Census Tract 9601	3,060 ³

*Does not account for residents who may rent property from out-of-county addresses/homes

¹ Tillamook County Tax Assessor

² Source: Tillamook County Elections Division

³ See United States Census American Community Survey:
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_B25008&prodTy pe=table

Based on the data presented above in Table 1 and estimated from the number of estimates of NBHD population may range from 2,800 to 3,500.⁴ We note that the population snapshot is not precise and does not account for the number of visitors to the area. In addition, those served by the entities on the property may be larger than the District population.

Additional information is available from the United States Census regarding selected and relevant population characteristics. More recent data estimates are available at the county level as shown in Table 2 below.

Table 2: Tillamook County Population Snapshot

	Tillamook County	Oregon
Population	26,960	4,142,776
Persons per household	2.41	
Persons with a disability under age 65	14.6%	
Persons in poverty	13.9%	
Population/square mile	22.9	
Race		
White alone (not Hispanic)	84.1%	75.8%
Hispanic or Latino	10.7%	13.1%
Black or African American	0.6%	2.2%
American Indian	1.6%	1.8%
Asian (alone)	1.1%	4.7%

Population Growth Estimates

The Population Research Center at Portland State University prepares population estimates for every county in Oregon. Their work tracks growth and the source of historic growth and predicts future trends.

Between the years of 2000-2010, Tillamook County, as a whole, grew to some extent. This growth was largely due to in-migration to the cities of Nehalem and Manzanita. Nehalem and Manzanita posted average annual growth rates 2.5% & 1.5%, respectively.⁵

Future growth is predicted to continue within the Urban Growth Boundaries of Nehalem and Manzanita, both in the short and long term (estimates are prepared until the year 2067). The proportion share is presented below in Figure 2: Growth as a Percentage Share of County. The Cities of Nehalem and Manzanita will grow in proportion to the County. These cities will continue to have an increasingly large share of the overall population in the County. Nehalem and Manzanita will experience higher growth as

⁴ 13.6% of households in Tract 9601 have related children under age 18. The District may also consider inflating population by 1.136%. That is the number of registered voters in NBHD * 1.136 (percent of households with children under age of 18). Yields an estimated population of 3,504.

⁵ Source: Population Research Center at Portland State University

a percentage of the county than any other Urban Growth Boundary (UGB),⁶ while the population share is estimated to decrease outside the urban growth areas.

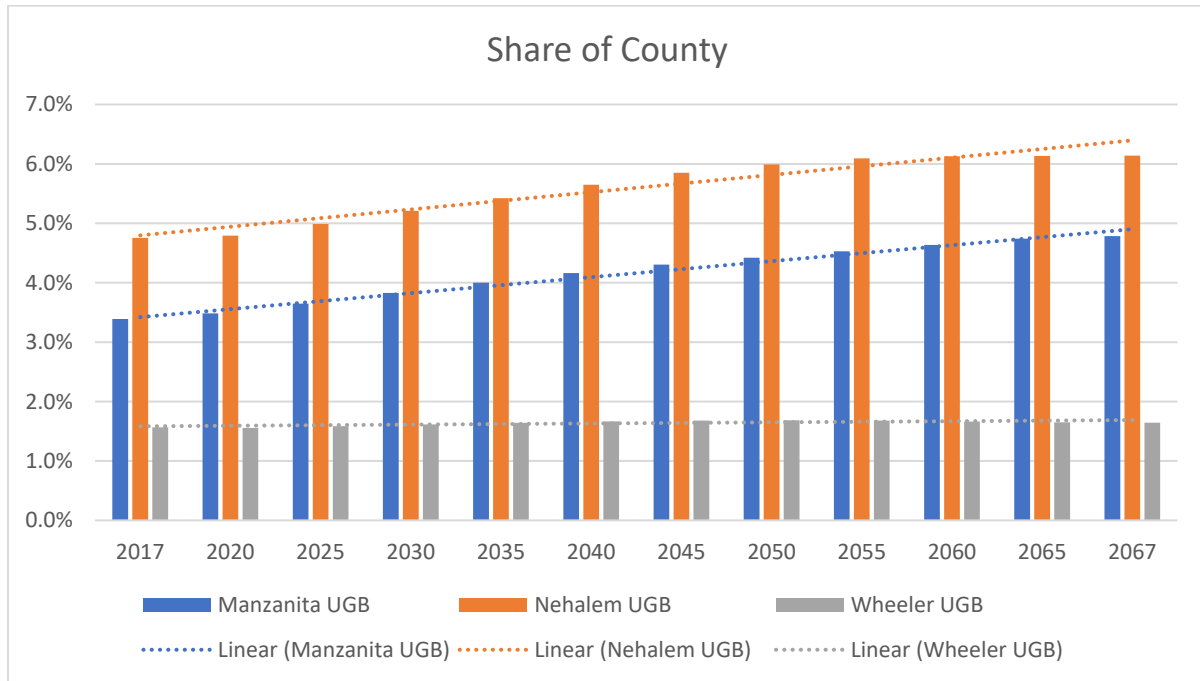


Figure 2: Growth as a Percentage Share of County

⁶ All UGBs will grow as a percentage of their County share. Bay City and Garibaldi percentage of County share is followed by Rockaway Beach, Tillamook, and Wheeler.

The estimated population growth in each UGB is produced below in Table 3: Population Growth 2017-2067. This table is ordered by those areas that will grow faster than others. For example, Manzanita will grow at a rate faster than Nehalem.

Table 3: Population Growth 2017-2067

Area / Year	2017	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2067
Tillamook County	26,071	26,652	27,519	28,247	28,879	29,439	30,003	30,595	31,223	31,869	32,504	32,747
Manzanita	884	929	1,004	1,081	1,156	1,226	1,292	1,353	1,414	1,477	1,541	1,567
Nehalem	1,240	1,278	1,373	1,472	1,566	1,663	1,756	1,833	1,902	1,953	1,994	2,010
Bay City	1,417	1,462	1,548	1,636	1,727	1,815	1,901	1,979	2,049	2,109	2,159	2,174
Rockaway Beach	1,565	1,615	1,684	1,750	1,814	1,877	1,940	2,002	2,063	2,126	2,188	2,208
Wheeler	408	414	436	456	474	490	504	515	524	530	536	539
Tillamook	5,569	5,616	5,875	6,108	6,311	6,482	6,623	6,761	6,865	6,969	7,070	7,110
Garibaldi	795	800	822	843	863	879	903	912	931	948	962	967
Outside UGB	14,192	14,538	14,777	14,901	14,968	15,007	15,084	15,240	15,474	15,756	16,054	16,171

The implication of these estimates is that population will shift upward to the northern end of the County, generating an increased demand for health care and related services.

In addition to the growth rates within Tillamook County, the age demographic will shift in the next 50 years. Figure 3 below outlines the age distribution of current and future residents. The most significant shift will come in the age groups of 75-79, 80-84, and 85+ years. These age groups will grow more than any other, which is consistent in the 20-year and 50-year estimates.

The age trends may assist the NBHD in making decisions about a strategic position in meeting the health care needs of the county.

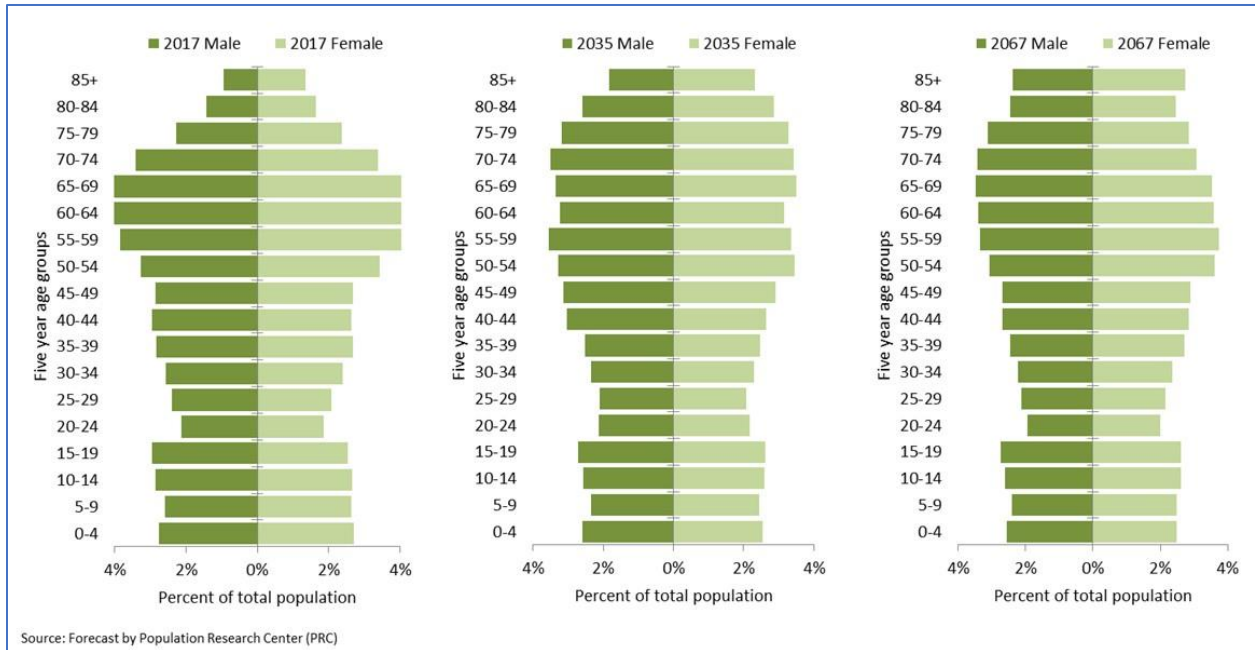


Figure 3: Tillamook County Estimated Age Distribution

Health Demographics

Mortality

The Oregon Health Authority offers indicator data that is available at the County level. The data that appears in Table 4, below, is age-adjusted, meaning that it allows for “comparisons across geographic areas. Age-adjustments are typically used to control for the impact different populations’ age distribution might have on health outcomes.”⁷ Tillamook County is doing better than the state average in the areas of deaths due to heart disease and cancer.

⁷ Source: Oregon State Health Indicators (2009-2015)

<https://geo.maps.arcgis.com/apps/MapSeries/index.html?appid=f8af3b2b27724ade8c89948c0653d7fe>

Table 4: Oregon State Health Indicators (2009-2015)

	Tillamook County (per 100,000)	Oregon (per 100,000)
Years of Potential Life Lost Due to Premature Death (Death Prior to Age 75) ⁸	6,331.6	5,548.1
Life expectancy	79.7	79.5
Cancer death rate	164.2	167.6
Heart disease	133.4	135.5
Lower respiratory disease	51.3	43.3
Cerebrovascular disease (e.g., stroke)	40.7	39.2
Obesity	43.5	28.9
Alcohol-related	41	38.2
Suicide	18	17.2
Opioid-related overdose	13.4	6.6

Morbidity

The Oregon Health Authority (OHA) also provides other health indicator data that summarizes county-level data.⁹ There are a variety of indicators available at the OHA. What is presented below in Table 5 are the areas in which Tillamook County is underperforming relative to the rest of the state.

Table 5: Selected Health Assessment and Indicators:

	Tillamook County	Oregon
Obesity	28%	21.7%
Adult binge drinking	22.4%	17.7%
Cigarette Smoking	30.9%	17.9%
Adults reporting 1 or more days of poor mental health in the past 30 days	41.8%	41.5%
Invasive lung cancer diagnoses (per 100,000)	60.8	56.3

⁸ Table Source: Oregon State Health Indicators (2009-2015)

<https://geo.maps.arcgis.com/apps/MapSeries/index.html?appid=f8af3b2b27724ade8c89948c0653d7fe>

Age-adjusted years of potential life lost before age 75 (YPLL75) is a standardized measure of premature deaths that allows for comparisons across geographic areas. YPLL75 quantifies premature deaths occurring in younger age groups. These ratios are calculated from the average count of years lost for premature deaths before age 75 and the estimated population by county and age groups for the seven-year period. All rates are per 100,000 population.

⁹ Oregon Health Authority State Health Assessment and Indicators (2012-2015). March 30, 2018 Report. Data

Source: Data Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS)

<https://www.oregon.gov/oha/ph/about/pages/healthstatusindicators.aspx>

Substance Abuse and Mental Health in Teens

The 2017 Oregon Healthy Teens Survey¹⁰ provides some additional data for Tillamook County related to health and behavioral issues. The areas of drug, alcohol, and mental health are reported below in Table 6.

Table 6: Tillamook County Substance Abuse and Mental Health in Teens 2017 Survey

	Tillamook County	Oregon
Alcohol use (1+ more drinks 1+ days in last 30)	24.3%	26.9%
Prescription drug use (1+ days in last 30) w/o doctor order (11 th grade)	5.9%	6.6%
Marijuana use (1+ days in last 30) (11 th Grade)	16.5%	20.9%
Felt sad or hopeless every day for two weeks in last 12 months (11 th Grade)	33.1%	32.2%
Attempted suicide one+ times in last 12 months (11 th Grade)	1.9%	6.8%
Number of mental health providers (ratio per person)	1/490	1/270

Community Meetings

Community Meeting #1

This meeting was held on January 10, 2019. It was designed to focus on the programmatic and strategic direction of the District. After a presentation and general discussion, participants were asked to rotate in a circle around the room, moving through four stations, each with a question facilitated by a PSU NPI Team member. The following is a report on the results of these questions.

Question 1:

Question #1 focused on the role of the District in the community: After what you have heard tonight about health provision in the District's boundaries, what role should the NBHD play in addressing the health care needs of the community (e.g. provider, facilitator, or collaborator)?

The following themes were noted:

- Partner or collaborate **with existing health care programs** and providers (identifying where the District can achieve synergy)
 - Support funding needs / fiduciary agent
 - Support space needs
 - Conduct a robust needs assessment in the community to identify collaborative partner needs
 - Geriatric care
 - Specialty care
 - Affordable housing to support on-campus employees

¹⁰ Oregon Health Authority 2017 Oregon Healthy Teens Survey. February 2018. Source: https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Documents/2017/2017_OHT_State_Report.pdf

- Partner or collaborate **with other entities in the community** to create a campus of community services (e.g., City Hall, housing/mixed-use buildings, food bank, and/or one-stop shop community services, community kitchen) [Continues landlord role]
 - Program and/or space incubator for fledgling programs
 - Fiduciary support
- Focus on social indicators of health
 - Provide space for activities (community garden, meeting rooms, emergency shelter, outdoor park and/or exercise course)
 - Support funding for other programs
 - Support low-income patients with a sliding scale
- Do not provide direct service
- Provide gap programs or services: wellness, alternative programs (yoga), affordable housing, senior housing, assisted living
- Geographic advantage of property (important location in North County; important location relative to other providers)
- Facilitate collaboration; coordinate care
- Educate, promote and communicate programs NBHD role, Care Center quality of care
- Other: Consider District financial stability and sustainability
- Other: Consider/assess community needs

Question 2:

The NBHD mission is to facilitate the delivery of health and community services through responsible fiscal management. What does this mission mean to you? (For example, what kind of health and community services are appropriate?) The themes that were generated from this input include the following appropriate services:

- Support social indicators of health (Food Bank, shelter, education) (be specific about relationship to NBHD)
- Workforce housing (facilitate grants, bonds, build housing)
- Mental health services (collaborate with schools)
- Increase Medicare/Medicaid providers
- Residential services (traveling docs, therapists, in-home care, etc.)
- Office space for independent contractors
- Collaborative mission (provide more specialists, grant collaboration, develop community partners, NCRD partner, leverage additional services through collaboration)
- Provider of services
- Primary care (fill gaps)
- Specialty services (fill gaps, support for telemedicine, higher-quality specialty care space, physical therapy, Oriental/natural medicine)
- Gathering place (for innovation, community members, one-stop shopping – housing food, clothing, emergency shelter)
- Communicate mission of District and be open/transparent — educate public on what Care Center is; consider renaming it to Public Health District
- Innovate/promote programs that deliver health care at a reasonable cost
- Be a good steward of tax revenue

- Promote tax reform (e.g., residential property tax exemption; push cost of living onto vacation home owners/wealthy)
- Expand Rinehart Clinic

Question 3:

The third question asked about the current strengths and weaknesses are regarding the District. Specifically, the NPI team asked: What does the NBHD do particularly well? What does the NBHD need to improve? The themes that were developed appear in Table 7 below. These involved the following:

Table 7: Community Meeting #1 Strengths and Weaknesses

Doing Well	Needs Improvement
<ul style="list-style-type: none"> ● Providing space for existing tenants: good landlord ● Food bank/clothing bank ● Care Center ● Quality of care ● Board members (Board expertise and care for community) ● Effort to plan for future and visioning and strategic planning (PSU research partnership) ● Seeking community engagement ● Communicating/reaching out (website), access to info ● Organization 	<ul style="list-style-type: none"> ● Communication about District (role, mission, identity, etc.) ● Funding: Increase levy, diversify funding, increase access to grants ● Facilitate specialty and primary health care (dentistry), (increase in incentives for providers) ● Filling service gaps (e.g., physical therapy) ● Care for the elderly ● Call line/service ● In-home care (Visiting Angels) ● Tele-medicine ● Expand services to address social determinants of health (e.g., expand food bank services, youth, culture, community education, programs, life skills) ● Care Center ● Partnerships/collaboration/communication ● Relationship with Adventist and Rinehart ● Limited space ● Housing ● Building and facility improvement and maintenance ● Improve quality of physical space for providers ● Annex ● Too local — not reaching full boundary ● Community involvement ● Keep momentum ● Blend of business/CC and care provider ● Ensure quality of services: Accountability set by NBHD to keep “bad” practitioners in line

Question 4:

Question 4 focused on the opportunities and threats that would impact the future of the District. Question 4 was: What future changes will impact (positively or negatively) the District’s ability to meet

the health care needs in the community? This might include national, state, or local changes. The results appear in Table 8 below.

Table 8: Community Meeting #1 Opportunities and Threats

Opportunities	Threats
<ul style="list-style-type: none"> • Collaboration with hospital(s) • Collaboration with Senior Meals, Grub Club, etc. • CHIP • Telemedicine • Technology advances • District funding opportunities • Increased tourism (opportunity to capture revenue, support for infrastructure) • Health care for all (single payer) • Loss of old hospital 	<ul style="list-style-type: none"> • Housing <ul style="list-style-type: none"> ○ Cost of housing/cost of real estate ○ Lack of housing ○ unsafe housing • Population growth: in-migration of seniors • Health care and insurance <ul style="list-style-type: none"> ○ Conversion to single payer ○ Lack of services covered by Medicare/Medicaid (substance abuse and recovery) ○ Pain management methods ○ Uncertain funding (Medicare/Medicaid) — rural areas may be dropped • Services <ul style="list-style-type: none"> ○ Increased demand due to population growth (Are specialists needed for second homeowners?) ○ Psychosocial stressors increasing (mental health, opioids, children and teen) ○ Distance (Tillamook too far) ○ CHIP, not enough people to continue? ○ Provider and staff retention • Partners <ul style="list-style-type: none"> ○ Past relationship with Adventist • Natural disaster(s) <ul style="list-style-type: none"> ○ Space demands ○ Health care demands • Facility challenges (Old hospital demolition cost and difficulty) • Quality of service: Maintain quality to keep community trust • Care Center capacity

Community Meeting #2

This meeting was held on January 12, 2019. It was designed to gather participant feedback on the property and site decisions before the District. After a presentation and general discussion, participants were asked to visit any of the “stations” hosted by the PSU NPI team. The following is a (largely) pictorial representation of the results.

Many of the stations placed a property aerial on the table, covered by transparency paper. Participants were able to provide feedback using the existing (or future) site plan and were invited to build on one another. Some stations used multiple sheets of transparency paper.

Site Design Charette

The themes of the site design charette generally involved opportunities related to demolishing the Old Hospital/Annex and better utilizing existing space on the property. The feedback featured opportunities for increasing the floor area within the existing footprint (such as building multi-level/multi-use buildings, multi-story parking). The designs that appear in Figures 4-6, below, generally noted the opportunities to expand the existing Rinehart Clinic with the possibility of repurposing that building in the long term. In addition, housing opportunities were noted on the site. Participants brainstormed the kinds of uses and features that may be possible on the site (including emergency shelter, open space, recreation, clinic, pharmacy, commercial kitchens, and current uses).

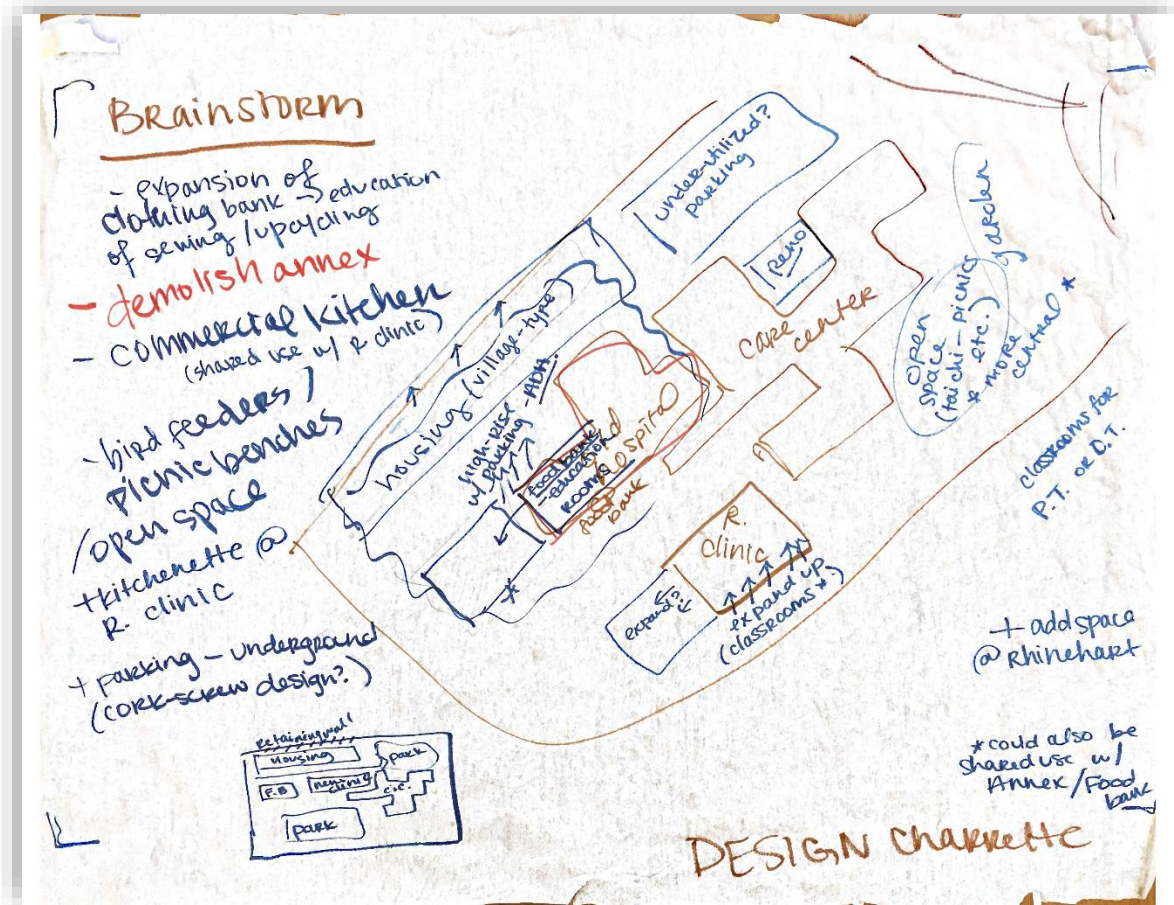


Figure 4: Design Charrette Poster 1

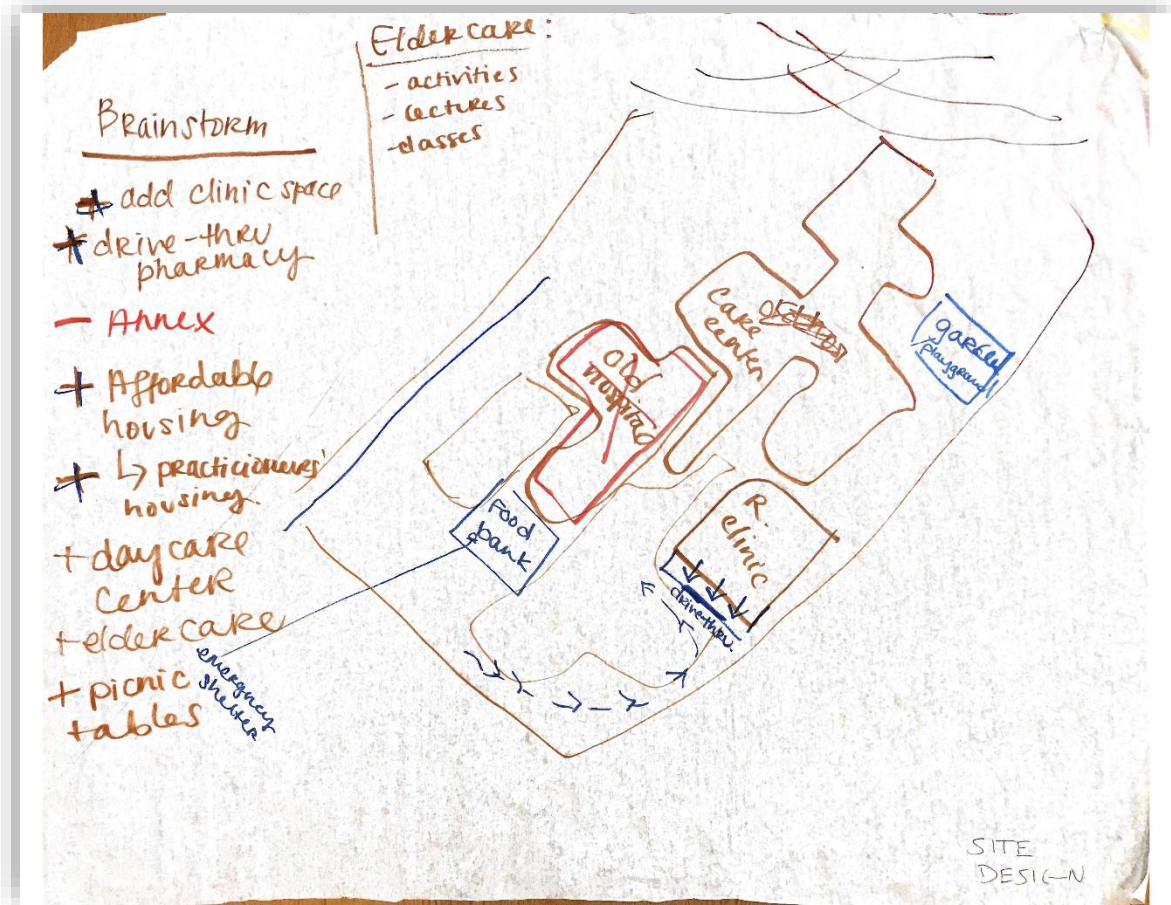


Figure 5: Design Charette Poster 2

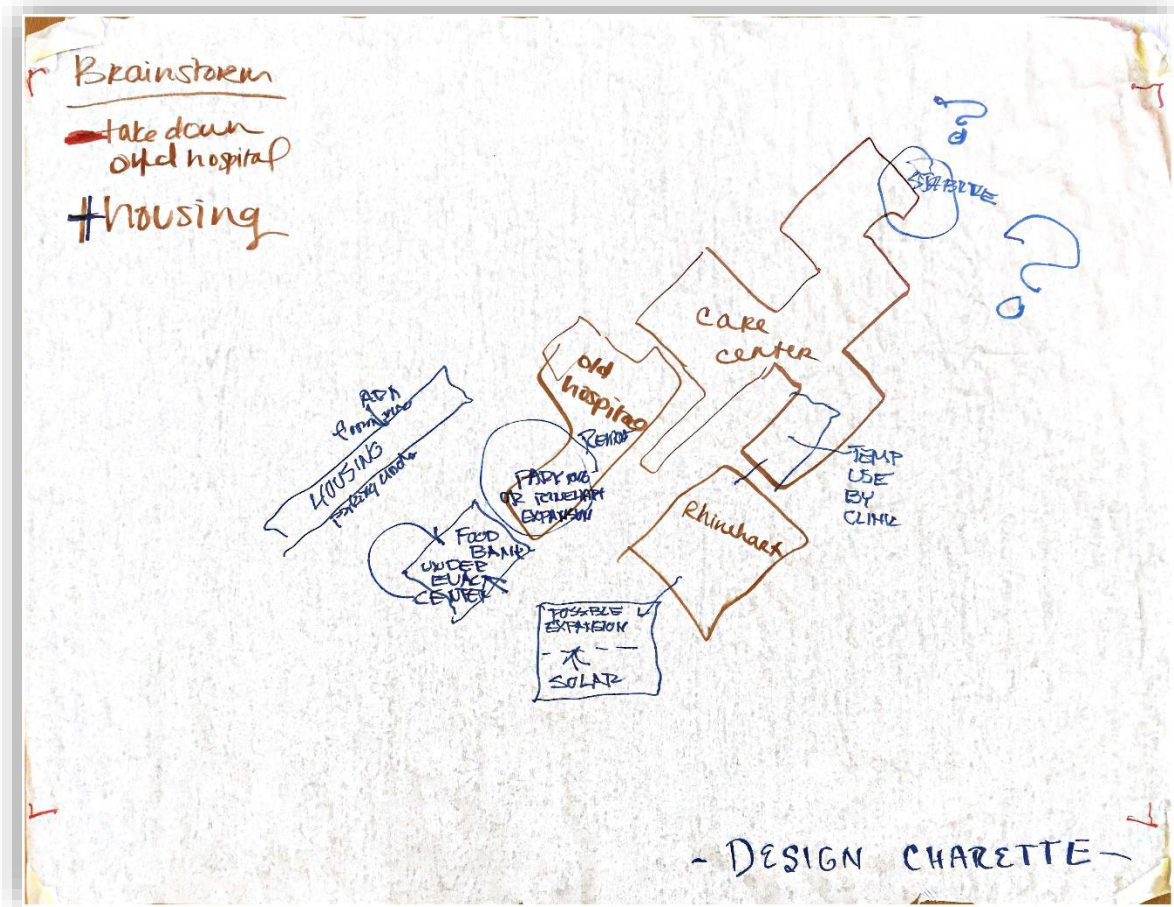


Figure 6: Design Charette Poster 3

Urban Design Elements

The process also asked participants to provide feedback via posters on other site features that may be desirable. These were titled “Urban Design Elements.” Participants noted energy production features that should be considered both during normal operation and in emergency scenarios, including opportunities for solar power. Housing, recreational and exercise areas, open space and gathering areas, and bio-swales for drainage were also noted. Some participants identified uses that could be considered for buildings on the site. These included work or maker spaces, day care centers, and/or community meeting space. Space for additional uses may be combined, as in emergency evacuation resources in the food bank, community meeting, and/or open space areas. The posters appear in Figures 7-8.

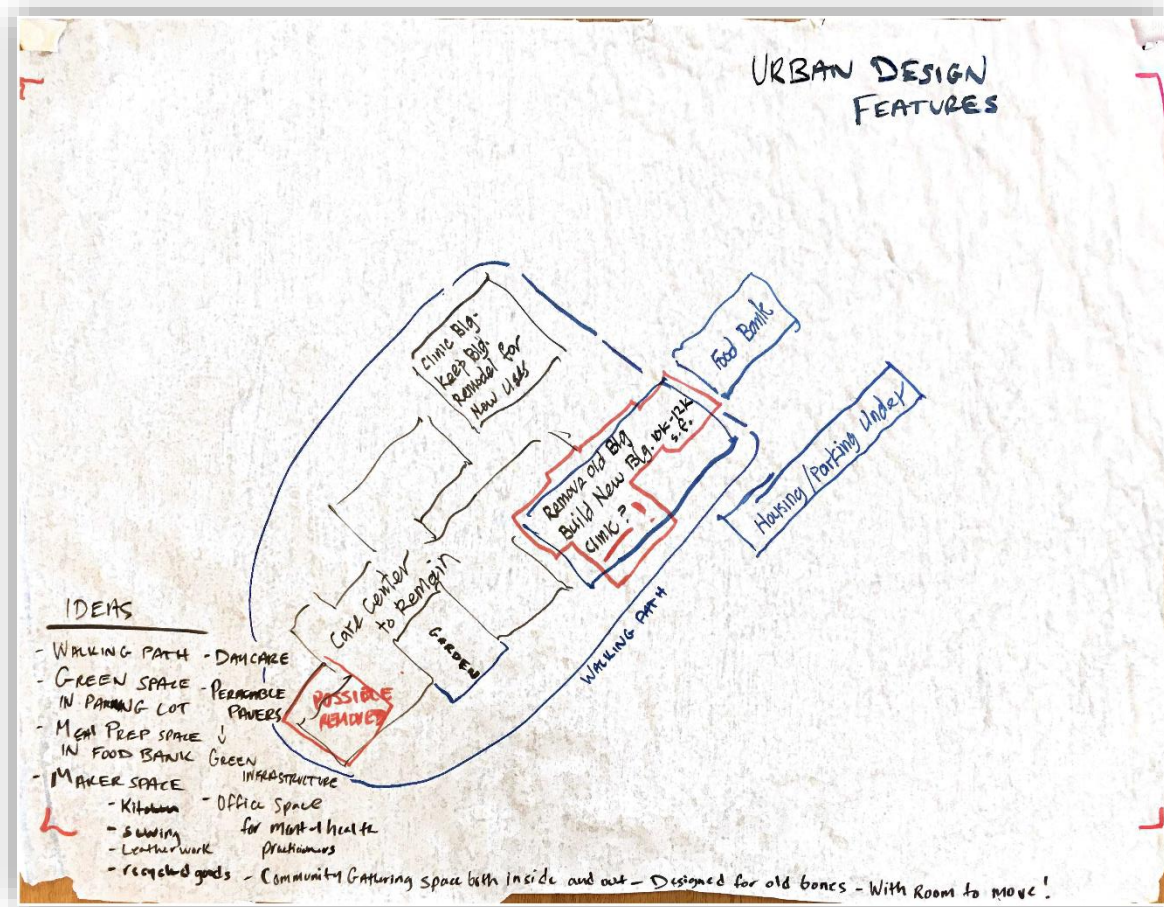


Figure 7: Urban Design Features Poster 1

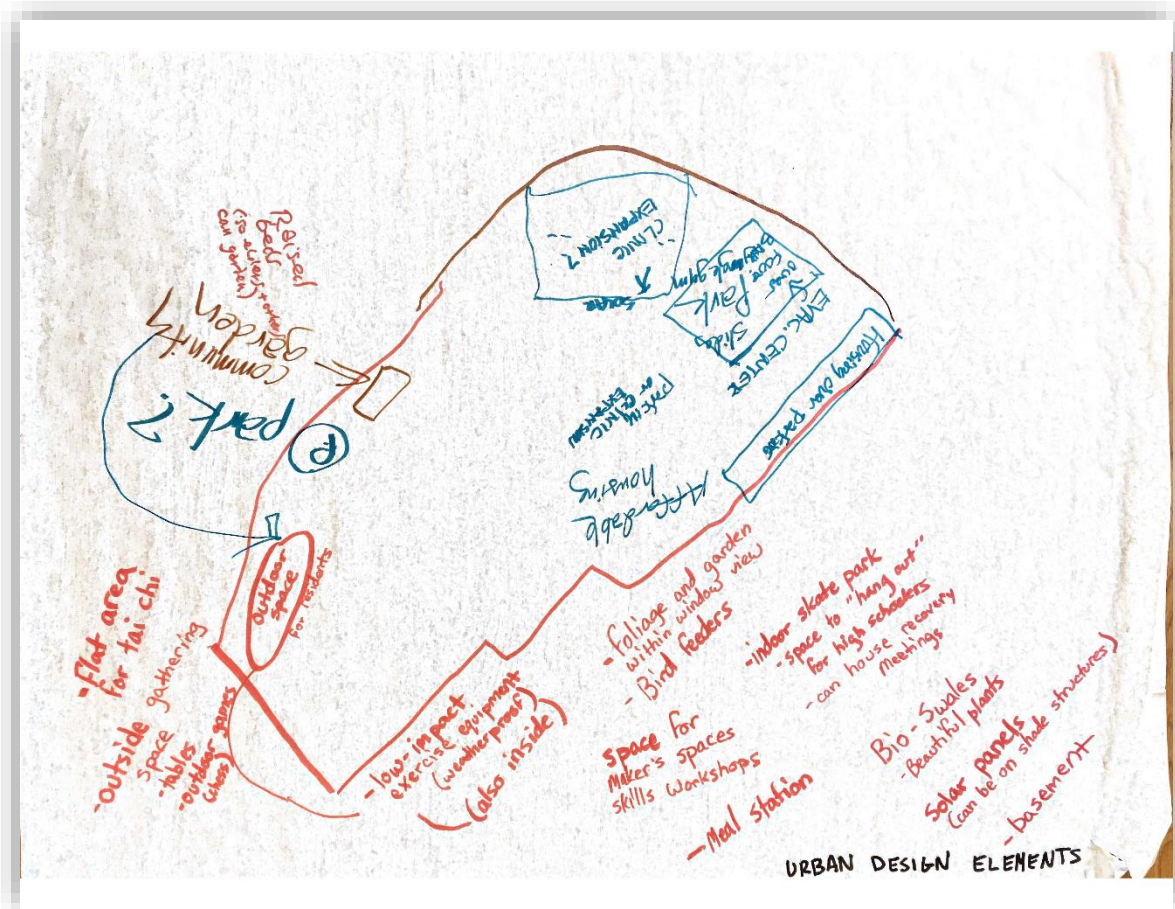


Figure 8: Urban Design Features Poster 2

Transportation: Ingress and Egress

Participants were also asked to consider how transportation should ideally work on the site. See Figure 9 below. Participants noted that the existing property has parking conflicts during Food Bank meal distribution days. Additional feedback for improvement included increasing transit options and providing for better bus turn around. Rethinking parking was also considered at this and other stations

to locate parking underneath mixed-use buildings or on multiple levels.¹¹

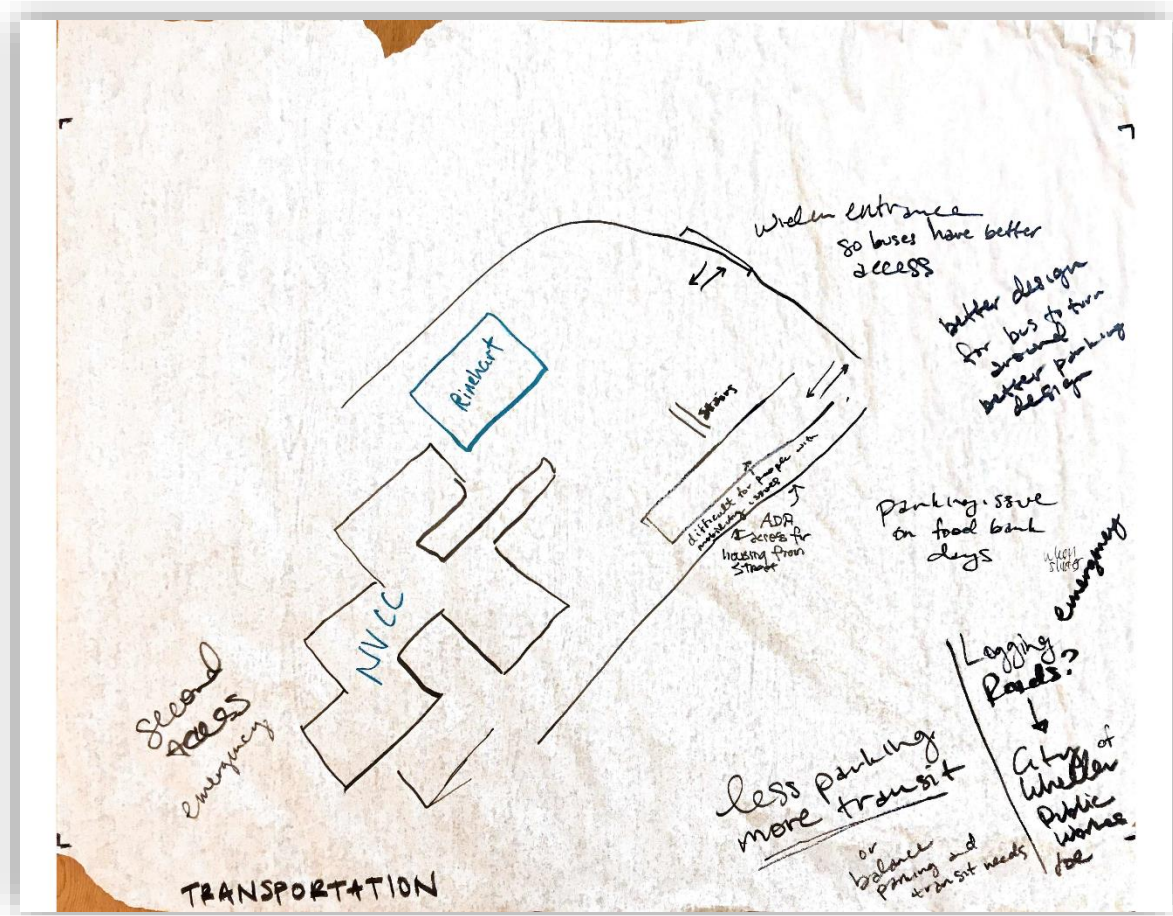


Figure 9: Transportation Ingress and Egress

Compatible Uses

Participants were asked to consider the compatibility of uses on the property. These uses were considered as a potential list of activities that could be combined, depending on the NBHD strategy. In addition, the hours of usage may be compatible, such as flexible meeting space for community groups and emergency shelter on an interim basis. Outdoor recreational space can be considered for fair weather events and community fairs. Or, kitchen space for Food Bank preparation can be considered for community educational events. Compatible uses should be clearly outlined with funding and usage documentation through intergovernmental agreements or memoranda of understanding.

Participants noted the following compatible uses:¹²

- Large commons room

¹¹ Multi-level parking is more expensive than other surface lots for construction. However, paved lots are opportunities for future buildings. Parking and future building options should be considered together in a phased strategy.

¹² The following list was edited to combine like comments and eliminate duplication.

- Lectures, gathering spaces, multi-purpose room space that could be subdivided
 - Needs a resilient, spring wood floor, with struts that are 17-18 inches apart (preferably a wood floor made of maple or cork)
- Multi-use, roll-up carpets, so shoes/chairs don't damage the floor
- Outdoor space, including shelters, uncovered open areas, exercise area with stations (good for rehab/health); ADA-accessible seating outside with tables; bird feeders add joy
- Opportunities to gather for people of all types, intergenerational, diverse, varying income levels varying
- Food bank services, expansion, and relocation
 - Health and nutrition classes can be held at Rinehart and Food Bank building
 - Wheeler has a community garden
 - We need to bring it closer
 - Add raised beds
 - Possibility of horticultural therapy
- Partnerships
 - Community garden
 - Food Roots
 - Alder Creek Farms
 - Educational connection
 - Partnership with Lower Nehalem Land Trust
- Affordable housing
 - Care Center not able to recruit staff because 2/3 of housing units not available — design elements can enhance collaboration
 - Add regulations in place for rentals
 - Compatible among communities
 - If Wheeler has more housing, would benefit other areas and businesses
 - Offer similar opportunities to avoid "unfair housing"
- Mental health facilities
 - Could be extension of food bank services
 - Could use space when food bank not open
- Co-located services
 - Pharmacy too small, and could be located in better areas and provide more privacy
- Elder day care
 - Respite care
 - Day care for kids
 - Good for seniors to see kids
- Offices for practitioners — offices expensive, scarcity of space
- City Hall
 - Emergency shelter now in city hall
 - City Hall a partner in sites, getting grants
- Urban areas
 - Mixed-use buildings
 - Offices/residences about and community uses downstairs
- Some type of wellness spa (e.g., diabetics foot care)
- Day care

Additional Information

Participants were interested in discussing additional strategies related to the District property. The PSU NPI team added an additional feedback poster during the session to capture these ideas and called this poster, "Outliers." Participants noted the importance of the District's fiscal strategy, including:

- Conservation of its capital assets by minimizing the losses associated with the Old Hospital's demolition
- Providing for long-term and low-cost leasing to partners in health care
- Increasing funding sources, such as increasing millage / tax rate to fund future activities (e.g., x2 or x4)

Stakeholder Interviews

Data collection as part of the planning process is ongoing. The PSU NPI team has conducted interviews with the following:

- Nehalem Valley Care Center: Kimberly Topazio and Debra Padgett
- Columbia Pacific CCO: Citizens Advisory Representative Romy Carver
- North County Food Bank: Tom Ayers, Dave Fleming, and Mark Roberts
- Emergency Volunteer Core of Nehalem Bay Board (EVCNB): Linda Kozlowski, Betsy Chase, Paul Knight, and Peter Nunn
- Providence Board Chair and former Mayor of Manzanita, Kay Stepp and Gary Bullard, respectively
- Rinehart Clinic Staff: Kellie Wood, Leigh Ann Hoffhines, Denise Weiss
- Rinehart Clinic Board: Camy Voseggern
- NW Housing Alternatives: Trell Anderson
- Providence Seaside Chief Executive Don Lemmon and Rechelle Day (Outreach Coordinator) – scheduled 3/12/19
- NW Housing Alternatives Trell Anderson
- NW Housing Alternatives Trell Anderson and Scott Bullard - scheduled 3/14/19
- Resident Tom Bender
- Resident Lloyd Lindley

The major themes from the interviews were as follows:

- Service Provision
 - There was general agreement that there are gaps in service provision, especially in the areas of primary care, specialty care, substance abuse, mental health treatment, and in-home care. There was also general agreement that providing some services close to home would be important, especially given the travel distance from the District's site in Wheeler to Tillamook, Seaside, and Astoria.
 - Other than continuing to provide the range of services possible at and through the Care Center, there was relatively little support for the District to significantly expand its direct service offerings.
 - Most interviewees recognized a collaborative role for the District. This was offered in the following contexts and included the following ideas:
 - Financial support for existing tenants as low-cost lease arrangements
 - Facilitating a healthy community approach by partnering with other service providers to fill health care gaps
 - Serving as a partner in grants
 - Facilitating partnerships among other entities
 - Supporting innovative efforts, such as technological approaches (e.g., tele-medicine)

- Several community partners that were mentioned may be appropriate to collaborate for service provision or as tenants. These included governmental entities or nonprofit agencies.
- Site Considerations
 - There was general agreement that the District property is a significant asset and can be used to leverage increased health in the community. The location of the site is particularly important, given it is set between Tillamook and Seaside.
 - There was general agreement that the District may utilize its role as a landlord to facilitate collaborative arrangements that better utilize space on the property (such as reconfiguring and renovating buildings for increased efficiency and/or increased services).
 - The District is in a position to advance community interests, such as emergency evacuation, housing, or civic buildings.
 - Existing tenant space needs include:
 - Renovation and expansion of the Rinehart Clinic
 - Renovation and upgrades to the Care Center
 - Food Bank expansion
 - Parking conflicts (currently being worked out, but will need to be a future consideration)
 - Emergency space needs include:
 - Food storage
 - Propane tank
 - Food and emergency supplies storage
 - Emergency space for sleeping/medical care
 - General sentiment among all interviewees was that there was a genuine interest and willingness to collaborate with all of the partners, given that the interests and needs of each were considered.
- Housing
 - Affordable and workforce housing is a major community need that impacts the attraction and retention of employees and staff in health-related industries. The availability and cost of housing is a problem for health service provision; where growth of services may be limited by the lack of housing.
 - Senior housing is needed to serve a growing senior population. This may come in the form of assisted living or affordable housing.
 - There is a generally recognized role for the District with respect to housing. There was not general agreement as to whether or not the District should provide housing on site.
 - There are significant opportunities related to a collaborative partnership with NW Housing Alternatives for a shared-use building with the Food Bank. In particular, funding for construction is a significant opportunity to explore.
 - There are opportunities for the NBHD to coordinate and facilitate collaborative and/or partnerships, between and among communities, municipalities, and organizations.

Survey Results & Analysis

Additional feedback from the community was generated through an online survey. There were 129 responses to the survey. The full results appear in Appendix A. Generally, the survey demonstrates the importance of the Care Center as well as a genuine interest in the success of the NBHD and its potential. It also highlights respondents' indication of priorities for the District property uses and health care needs in the community.

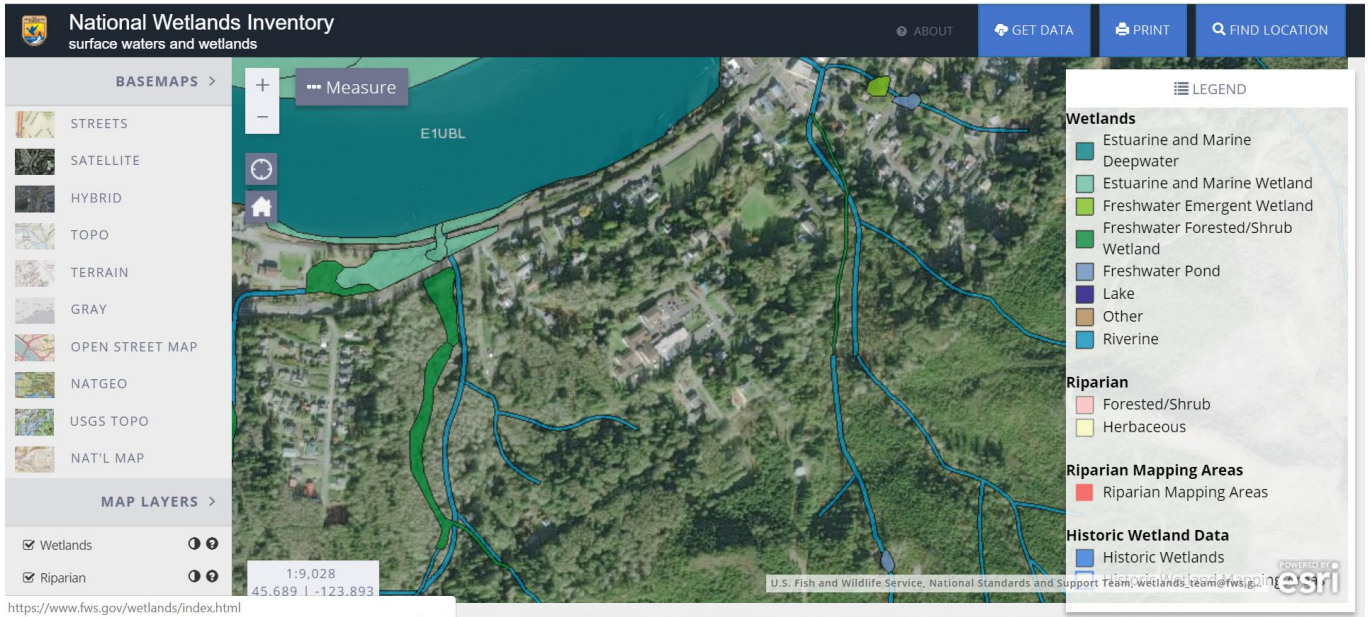


Figure 12: National Wetlands Inventory Data

Land Use and Structures

Zoning

The property zoning is available from the City of Wheeler. It shows that the NBHD property is currently zoned as residential. There may be implications for property development based on this zoning. Figure 13 shows the current zoning according to the City. Note that there General Commercial zoning is in close proximity to the NBHD property.

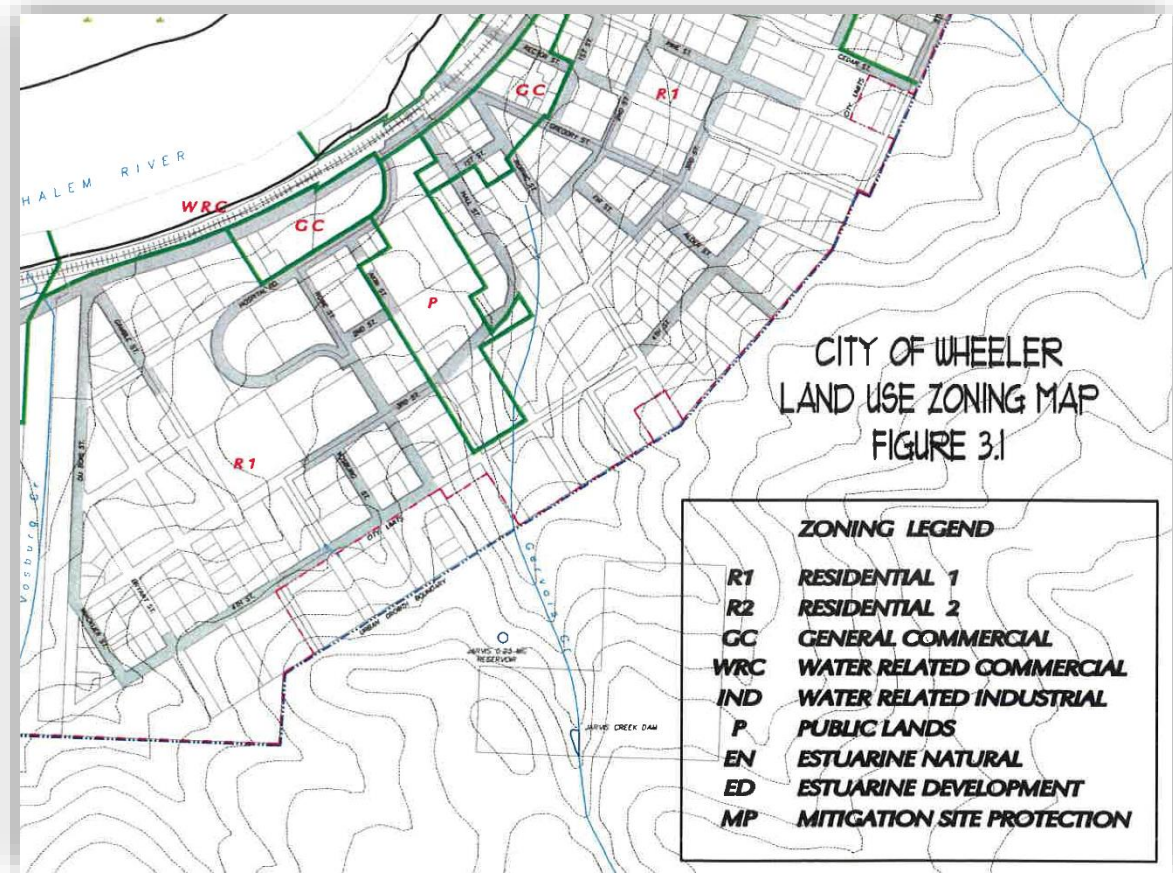


Figure 13: City of Wheeler Zoning

Circulation

Streets Serving the Property

The NBHD Property is served by local roads connecting to Oregon Highway 101. The City of Wheeler is responsible for road development and maintenance in the area and does not have plans to improve the roads serving the District. Additional traffic to the site may create the need to reconsider the design and improvements to the streets serving the District property.

Public Transportation

The District property is served by the Tillamook County Transportation District (TCTD) with a public transit route that is as follows:¹³

- Northbound route (6 trips per day) Wheeler to Cannon Beach
- Southbound route (6 trips per day) Wheeler to Tillamook

¹³ See: <http://www.nworegontransit.org/agencies/tillamook-county-transportation-district>

There is an existing Transit Development Plan (TDP) from 2016 that outlines service improvements. The service improvements are listed (in no priority order) in the plan:

Transit Service Development Strategies

- Identify areas and routes with the greatest need for additional or enhanced transit services.
- Maintain existing public transportation service
- Improve on-time performance and maintain timed-transfers (Manzanita, Cannon Beach)
- Improve regional connections between modes and service providers.
- Explore options additional Dial-A-Ride and NEMT services.

Transit Coordination Strategies

The TDP also identifies coordination strategies that may be helpful to how the District plans its service priorities. The Transportation District outlines the following engagement activities:

- Organize coordination meetings between TCTD, local partners, employers, adjacent transit districts, local transportation providers, and local jurisdictions. (e.g. Portland area, tribal governments, Clatsop County)
- Recruit and train more volunteer drivers and ride ambassadors.
- Enhance the Mobility Management program.
- Continue coordinating and partnering with CARE, veterans' groups, early childhood programs, and school districts.
- Create measurable outcomes for services to promote effective monitoring
- Participate in community planning activities related to transportation, housing, health, and emergency preparedness.
- Develop a plan and fund for addressing costs of emergency events including vehicle repairs.
- Take measures/steps to remain operational and establish a command center during emergencies

In future property development activities, the Transportation District should be included in planning meetings as a way to ensure access and grant funding is leveraged.

Infrastructure

Electric/Gas Service – Tillamook Public Utility District

Tillamook Public Utility District (PUD) serves all of Tillamook County and parts of Clatsop and Yamhill Counties. Tillamook PUD receives power from the Bonneville Power Administration and delivers it to customers through nine substations located throughout the County. The substations are located in Nestucca, Hebo, Beaver, Trask River, Wilson River, South Fork, Garibaldi, Nehalem, and Mohler. The PUD serves about 21,000 customers in an area of 1,125 square miles.¹⁴

Water Service – City of Wheeler

The City of Wheeler water system consists of a well site and treatment system located off Foss Road, and the City's distribution system. The City's distribution system is made up of two 350,000 gallon storage reservoirs, a booster pump station, and associated piping, valves, and meters. The City monitors and operates the system by computer located at City Hall. The City currently has 242 water services that

¹⁴ Source: <https://www.tpud.org/aboutus/service-area>

supplies water to approximately 450 people. The City's normal water usage can vary from 1-3 million gallons per month. The City tests its water once per month for bacterial and other contaminants.¹⁵

The property has existing potable water with the following capacity:

Units – pipe inch¹⁶

- Rhinehart Clinic: 1 ½ inches
- Care Center: 4 inches
- Hospital Annex: 2 inches

Wastewater – Nehalem Bay Wastewater Agency

The Nehalem Bay Wastewater Agency (NBWA) serves the Oregon coastal cities of Nehalem, Manzanita, and Wheeler, and the surrounding area. The main office is in Nehalem, and those little buildings in the area are the major pump stations, nineteen and twelve building lift stations.¹⁷

The property capacity is as follows¹⁸

- Rhinehart Clinic: 4 EDU (equivalent dwelling units, based on single-family homes)
- Care Center: 27 EDU (includes laundry area and kitchen)
- Hospital Annex: 4 EDU

The Wastewater Agency indicated the NBHD property has plenty of capacity because it is the historical site of a hospital. The NBWA staff does not believe there are any issues with the main sewer lines, but does not have any information on laterals, which are the responsibility of the NBHD. The NBWA reported memory of an issue with a lateral that ran under the NBHD parking lot. They believe that lateral pipes were likely replaced at that time. However, there appear to be no current problems.

Storm Drainage – City of Wheeler

The City of Wheeler also provided information on storm drainage. Based on the data available in Figure 14 below, it appears that additional improvements are planned along Rowe Street.¹⁹

¹⁵ Source: https://ci.wheeler.or.us/?page_id=88

¹⁶ Joe Velkingburg, City of Wheeler Public Works. Pipe diameter can be used as service capacity proxy.

¹⁷ <https://nehalembaywastewater.org>

¹⁸ Units – Equivalent Dwelling Units (single-family-homes), which represents current usage not capacity. District will do research on capacity and reach out with additional information. Billed flat rate, allowed to go up to certain capacity without paying more.

¹⁹ This data should be verified in terms of current plans and timelines.

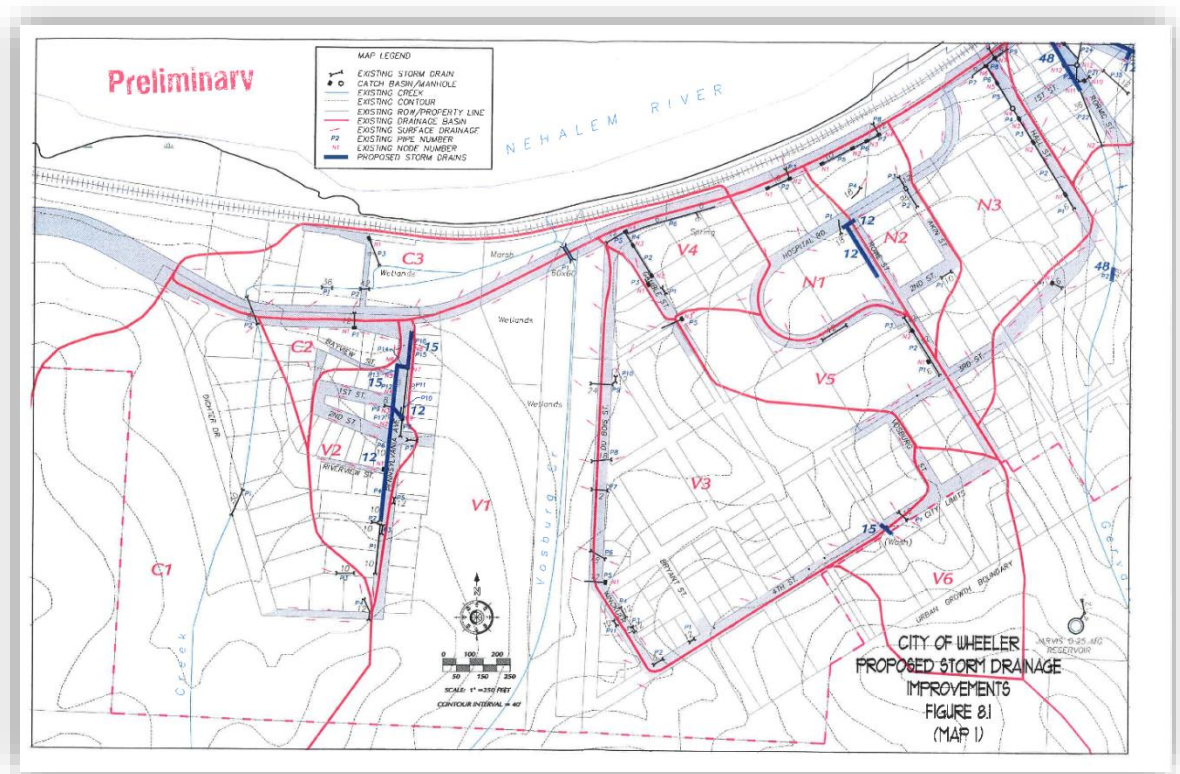


Figure 14: City of Wheeler Proposed Storm Drainage Improvements

Conclusions and Strategic Positioning

This report draft provides a significant amount of background data for the NBHD Board to utilize in finalizing its strategic plan and position. The primary conclusion is that there is considerable opportunity to meet the health-related needs of the community. The challenge is how to strategically position the choices for the maximum impact. In doing so, this data suggests there are programmatic opportunities related to the following:

- Expand health care related services in areas such as senior care, geriatric care, assisted living, home care, primary care, visiting nurses, and specialty care
- Support high-quality existing service delivery on-site (e.g., Care Center, Rinehart Clinic, and Food Bank)
- Support programs or activities related to health promotion and social indicators of health
- Explore housing options on the District site in the areas of affordable, workforce, and/or senior housing

In considering the future development of the property, these findings suggest that there are ample opportunities for both short and long term development. As was discussed throughout the community meetings, interviews, and NBHD Board retreat, the District property development should follow its programmatic goals and vision its future. However, to maximize those opportunities, the data suggests:

- There is additional capacity on the existing site for new buildings
- There are opportunities for additional space for current and future uses, especially as the Annex Building demolition proceeds in the future
- Future building development and design should focus on shared use, dual functions, flex space, and incorporate emergency response and recovery features

There is a good deal of other demographic, growth, health care, and property development nuances that appear throughout this report. As the NBHD furthers its programmatic and property development plans, this information may be helpful as a resource.

Appendix A: Nehalem Bay Health District Survey Results

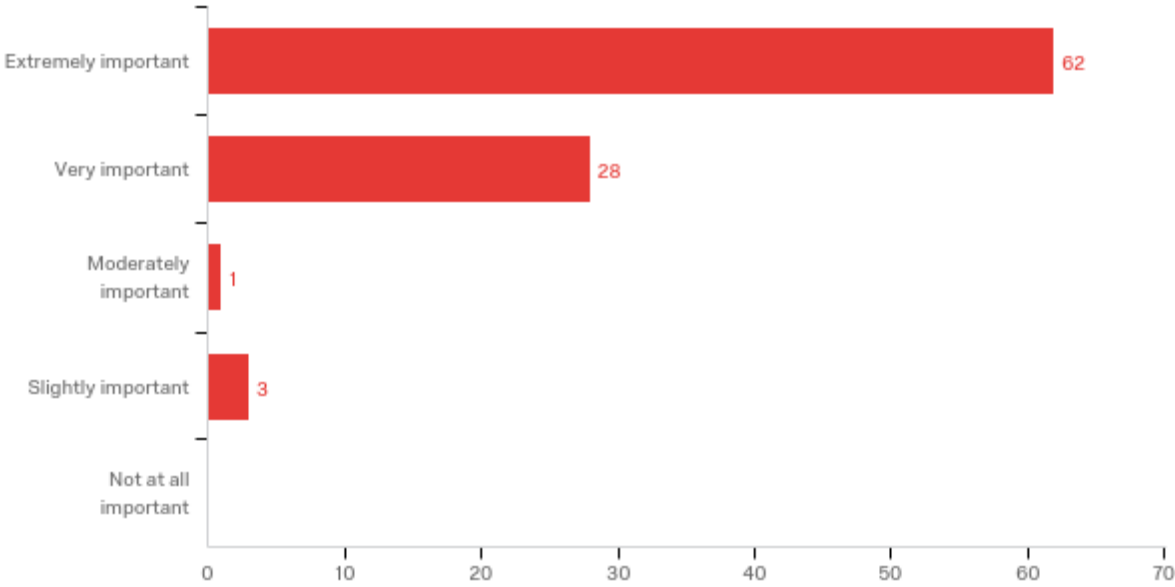
Below are the final survey results from the Nehalem Bay Health District Survey. These include surveys that were administered online as well as those collected by paper copy.

- Total Responses: 129; 118 Online Responses and 11 Paper Copies
- Survey Dates: 12/20/18 through 3/7/19

The questions below are the summary of the data collected. The total count may not consistently add up to 129, as respondents were not required to complete all questions.

The report below lists the question and percentages of respondents. Where a figure or graph adds clarity, it is included.

Q2 - The Nehalem Valley Care Center is a 48-bed non-profit long and short-term skilled nursing care facility. It is the only such facility in Tillamook County and provides rehabilitation, physical therapy services, and more (please note that the management of the Care Center is provided through a contract with Aiden Health Services). Please rate how important this service is for meeting the health needs of the community.



Answer	%	Count
Extremely important	65.96%	62
Very important	29.79%	28
Moderately important	1.06%	1
Slightly important	3.19%	3
Not at all important	0.00%	0
Total	100%	94

Q3 - Now we would like to learn about your access to health care as a resident of the NBHD. In terms of accessing health care, please rate how strongly you agree with the following statements: The following are problems for me or my family:

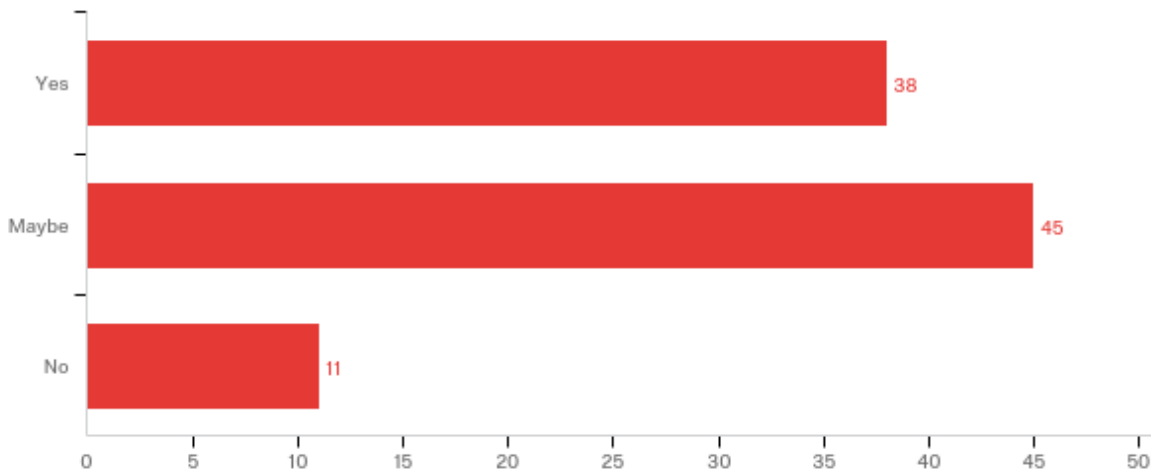
	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Services Available	26.60%	28.72%	23.40%	8.51%	12.77%
Cost	23.91%	21.74%	23.91%	9.78%	20.65%
Insurance Coverage	17.02%	14.89%	24.47%	8.51%	35.11%
Appointment Accessibility	10.75%	24.73%	39.78%	11.83%	12.90%
Wait Times	9.57%	22.34%	42.55%	11.70%	13.83%
Transportation	7.61%	10.87%	30.43%	13.04%	38.04%

This table is ordered by those who strongly agree. The results of this question show that 55.32% of respondents strongly or somewhat agreed that the services available in the NBHD area are the most significant problems in terms of accessing health care. This is followed by 45.65% of respondents who strongly or somewhat agreed that cost is a barrier.

Q4 - In what city do you primarily access your health care services?

Location	Count
Portland	29
Manzanita	16
Tillamook	11
Wheeler	9
Cannon Beach	6
Seaside	6
Nehalem	5
Other	3
Bayside Gardens	1
Beaverton	1
Warrenton	1

Q5 - Would you consider accessing more of your health care services to the Nehalem Bay Health District site if additional services were available to you?



	%	Count
Yes	40.43%	38
Maybe	47.87%	45
No	11.7%	11
Total	100%	94

Q6 - What types of health care facilities are most needed in the Nehalem Bay service area? Please rank order your answer with 1 being the most needed. You may click and drag the items in your order of importance or rank.

The first priority according to respondents was as follows:

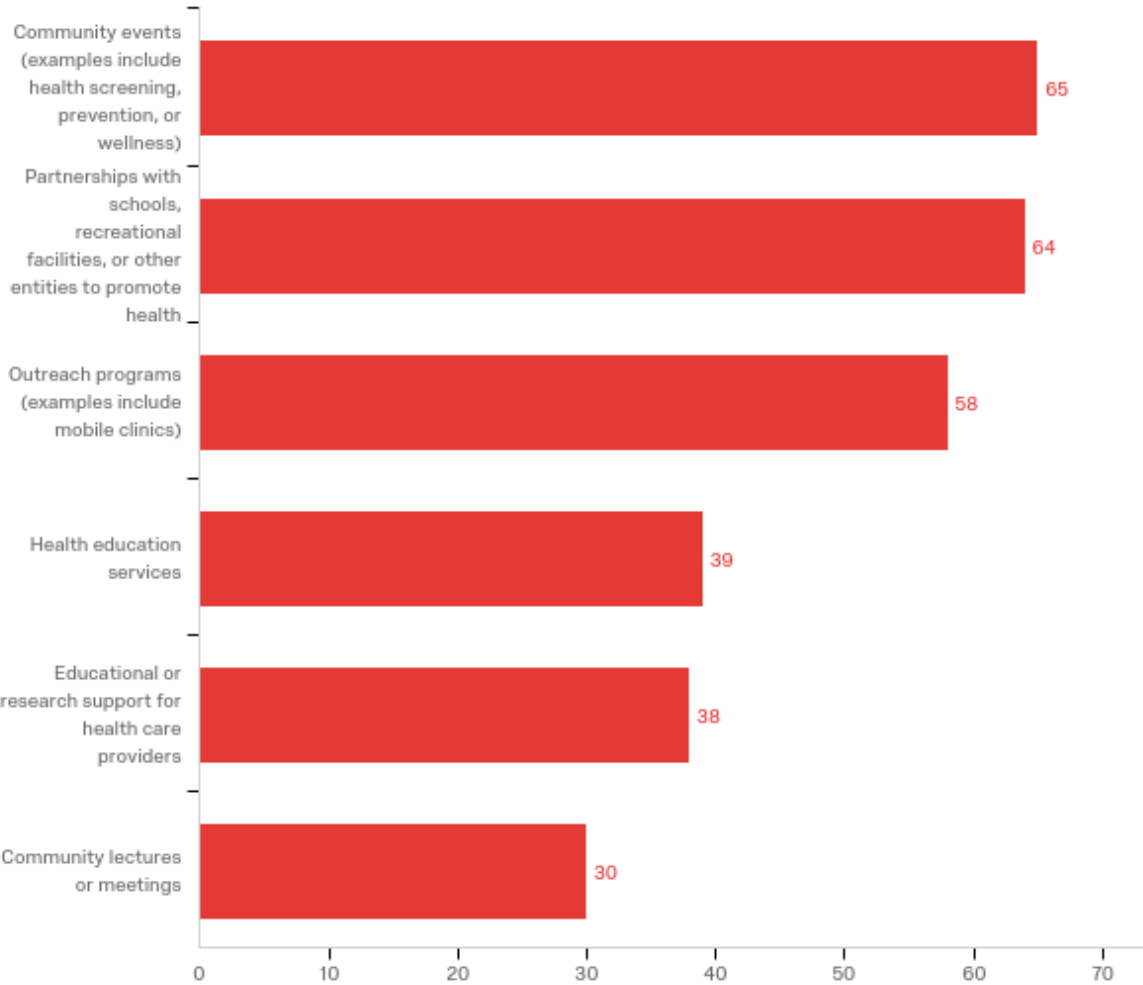
	1
Primary care services	36.78%
Emergency care services	16.09%
Long term care facilities	10.34%
Dental care	10.34%
Mental health care	6.90%
Home health care services	5.75%
Drug rehabilitation services	4.60%
Other	3.45%
Vision care	3.45%
Hospice care	2.30%
Physical rehabilitation services	0.00%
Lab services	0.00%

The second priority according to respondents was as follows:

	2
Primary care services	21.84%
Long term care facilities	19.54%
Emergency care services	16.09%
Dental care	13.79%
Mental health care	6.90%
Physical rehabilitation services	6.90%
Home health care services	4.60%
Other	4.60%
Vision care	3.45%
Drug rehabilitation services	1.15%
Lab services	1.15%
Hospice care	0.00%

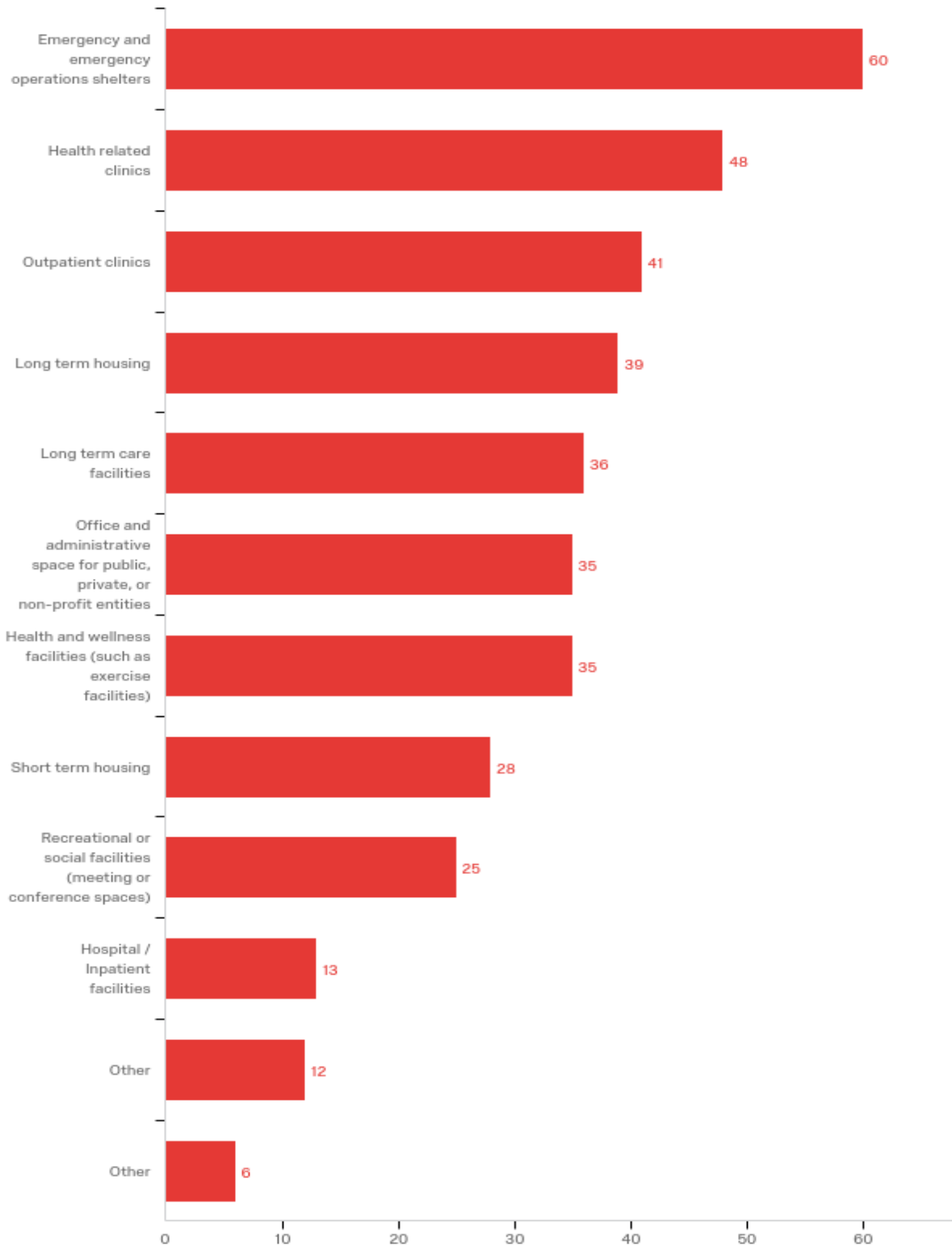
The full table of rank ordering is available, however, due to its complexity, it does not appear in this report.

Q7 - What other kinds of health care support would add value to the community? Please choose as many as apply.



Program	%	Count
Outreach programs (examples include mobile clinics)	19.73%	58
Health education services	11.89%	39
Community events (examples include health screening, prevention, or wellness)	22.54%	65
Educational or research support for health care providers	13.11%	38
Community lectures or meetings	9.84%	30
Partnerships with schools, recreational facilities, or other entities to promote health	22.95%	64

Q9 - What additional uses should be considered on the District's property in the future? (Please consider all uses, including those that the District may provide as direct service or those in which the District could gain rental income). Choose as many as apply. (*Other category combined*)



Q9 Table

Use	%	Count
Emergency and emergency operations shelters	15.87%	60
Health related clinics	12.70%	48
Outpatient clinics	10.85%	41
Long term housing	10.32%	39
Long term care facilities	9.52%	36
Office and administrative space for public, private, or non-profit entities	9.26%	35
Health and wellness facilities (such as exercise facilities)	9.26%	35
Short term housing	7.41%	28
Recreational or social facilities (meeting or conference spaces)	6.61%	25
Other (see below)	4.76%	18
Hospital / Inpatient facilities	3.44%	13

Q9: Other District Property Uses:

- Maker's space for skills training to augment Food Bank
- community use commercial kitchen
- Food Bank
- Wheeler city offices
- Physical therapy
- Chip program/ education
- Low Income Long Term Senior Housing
- A canine care facility for dogs whose people are in crisis, in treatment, domestic violence situations, temporary homelessness.
- Hospice House
- Space for meditation & support circles of all kinds
- Hospice respite
- Sounds like the Rinehart Clinic could use some expansion.
- Independent Living skills training for people with Developmental Disabilities
- program based housing for local transitional age young adults
- Subsidized basic Dental and Eye care
- Shelter for animals caught in domestic violence situation
- Birthing center
- Adult Day Care for Seniors and child care services

Q10 - What else should the District know in order to adequately plan for its future? Question 10 asked about other thoughts participants may have about the District. These appear below:

- Current demographics of service area + projections of same; households, income, ages, education, drug use & other medical issues, etc etc What are the complementary service providers in the region - what service niche is the NBHD attempting to serve? Duplicate services offered in Tillamook, Seaside, and Portland? Why aren't these services already being offered i.e. what are the economics behind these services such that we can do what others aren't?
- How to recruit and maintain quality providers. It's the poor quality of the providers that drives me out of the area.
- The district should get actual data, not just opinion as with this survey. How many in district have primary care here? How many go somewhere on coast for primary? For dentist? For vision? Same for going to PDX area? What numbers depend on public transit to get care? Questions like these.
- The district needs to conserve its assets, to spend as little on demolition as possible, to attract a viable health partner such as Providence, and to radically increase the amount of revenue from the RE taxes to really be able to increase health services by being a catalyzing force.
- Understand health needs and challenges of North Tillamook County residents; partner with TC Health Department as appropriate; use data to drive planning and decision making
- How it will pay for additional buildings/services.
- I want to thank you for this questionnaire and the community meetings. I am on the Food Pantry Board and am deeply grateful for your past support. I work in the clothing bank and also have started a sewing project called The Blossom Stitchery, right down the hall. We need laundry facilities for some clothes that come in. I also wonder about ways to add creativity to all populations here on the coast ~ as in sewing. Could we add gardens for the food bank? I think when we work together on projects folks feel less isolated. These creative projects can also help with health and addiction. Many thanks, Holly Smith
- Has the district ever coordinated with Tillamook County Board of Health?
- population will increase. services will need to be expanded.
- Medicaid offers a host of supportive services but many working poor and seniors are not eligible for OHP insurance. Some examples of services OHP insured can receive that other poor people cannot: dental care, glasses, care from alternative providers such as Naturopathic Physicians and acupuncturists, transportation to appointments. Just housing a dental office, for example, does nothing to meet this need. Instead a broad vision would be to enter into collaborative agreements to either have a nonprofit health center where you have a team of providers interested in working for a nonprofit that can figure out a way to deliver these services affordably for working poor and seniors who don't qualify for Medicaid income limits and yet are too poor to access the health care they need; or develop collaborations where NBHD can be offer a group supplemental health insurance policy available to citizens within NBHD area that will pay for these type of services
- Help getting health care for people that don't have any at this time.
- Rural healthcare is a problem! We lose citizens because they feel they must locate closer to healthcare providers. We need more primary care. There's also a high need for affordable mental health care around here.
- Has it ever communicated with Tillamook County Board of Health?

- Respectfully has the District seriously considered disbanding? Sell land to Rinehart for a new clinic. Work with County Housing to sell or provide land for long term housing. Work with CARE to provide land for short term housing. Either sell the care facility to the provider or downsize the District to oversee the care facility use only. Why is the food bank looking to build/own a facility? Wouldn't that money be better used for operations?
- meaningful collaboration and/or oversight with other health care providers in the community.
- It would be wonderful to have a food bank facility designed for better family and better client services and storage.
- It is very important that the District continue to provide space to house the North County Food Bank, and that there be a continuity of service if and when the existing "Old Hospital Building" (the Annex") is demolished.
- Just got this Mercola article in our email today, and would like to add it to your gleanings from the community meetings in the Nehalem Bay area that you had with the community this past week. We already filled out the above form, so are using this box to add some more input. Oregon is not on the Ornish list for Medicare, but it seems like a no-brainer for the future. If the claims are true, this community could be pretty primed for this type of Medicare-paid and insurance-covered, certified program. It's something that the Health District could offer to the community. https://articles.mercola.com/sites/articles/archive/2019/01/13/preventing-chronic-diseases-with-lifestyle-changes.aspx?utm_source=dnl&utm_medium=email&utm_content=art1&utm_campaign=20190113Z1_UCM&et_cid=DM260848&et rid=518968968 <https://www.ornish.com/>
- As the area population continues to increase along with the population age we need to get creative in means to provide primary & acute care in the homes of folks who are no longer able to drive. Mobile clinics staffed by RNs, NPs or specially trained EMTs & Paramedics may be an answer.
- Provide support for people that are challenged with obesity such as daily meetings and check ins, in home visits and free memberships to NCRD. Also bring back senior rates to the NCRD. It's expensive to belong!
- The health care services should be integrated across needs and disciplines and should be managed for coordination and access.
- Our seniors in this area need a dental office they can access and be seen even if they are wheelchair bound. There are no dental services in Tillamook county that can see people that are wheelchair bound and can not transfer to a dental chair. This is a much needed service and that will take Medicaid .
- The concentrations of herbicides in our water and the effects they have on local health.
- Provide accessible parking; Food bank new building and equipment
- A shelter for animals caught in domestic violence.
- Develop collaborative relationships with Providence -- preferably through a Providence clinic on the property
- Affordable housing in order for workers to live here.
- The more creative collaboration among services/organizations the better. there is so much more we all can be doing to provide comprehensive innovative, broadly defined health and healing care. The District is a great vehicle to be spearheading these efforts!
- What is the public's appetite for raising funds/taxes for capital costs to rehab or make new buildings, remodel them to be up to market conditions? What are the mix of needs of each demographic group - and how often will they need attendance? A careful market study will show as much or more than this survey.

- Staff turnover is the single most debilitating factor in accessing good community healthcare in our area.
- Projections of demographics, plans for economic development and tourism attractors.
- Has the NVHD ever worked with Tillamook County Health? Meetings I've been to are taken up with what happened during the last month at the care center. Ignoring the forest to look too closely at a tree or two.
- Is there some way Wheeler could become the poster-child for some kind of tele-med/future-style rural medical experiment? Probably would not appeal to me personally (old-school here), but Tillamook is sort of poor and under served. How to find and keep health workers is probably our most dire need.
- The problem with the health district is it's reputation. Bad doctors and a crumbling facility. Basically to most in the district it is thought of as the place druggies go to get their scrips or the absolute last resort in a medical emergency.

Q12 - What is the zip code where you reside the majority of the time?

Most respondents were from the City of Nehalem, Manzanita, and Wheeler, respectively.

City	Zip Code	Count
Nehalem	97131	43
Manzanita	97130	29
Wheeler	97147	9
Rockaway Beach	97136	2
Tillamook	97141	2
Bay City	97107	1
Garibaldi	97118	1
Seaside	97138	1
Portland	97219	1
Portland	97229	1

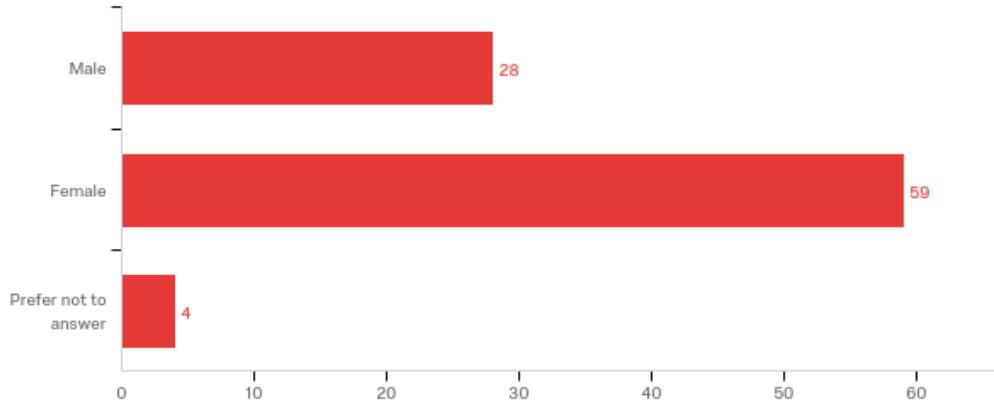
Q13 - In what year were you born?

The average age of respondents was 64 years old.

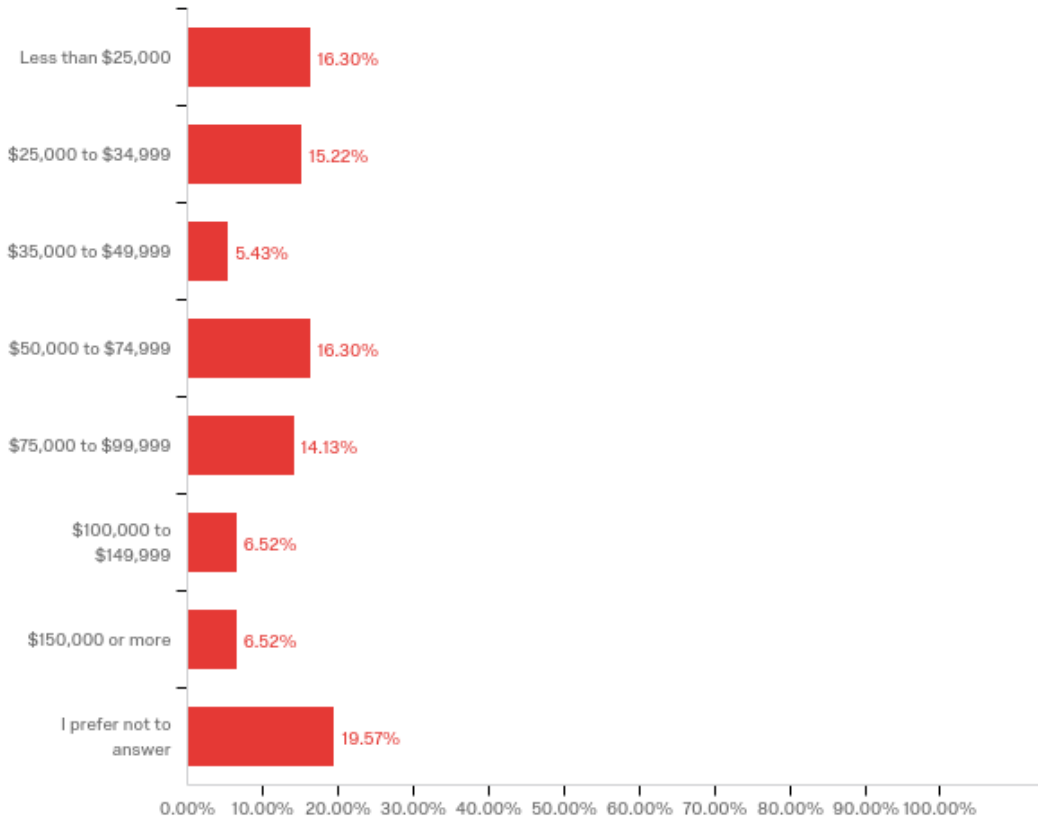
The median age of respondents was 67 years old.

Q14 - What is your gender?

The majority of respondents to the survey were female.



Q15 - What was your total household income before taxes during the past 12 months? *Those at the lower and upper income levels comprise the majority of respondents who disclosed their income level.*



Appendix B: Funding Opportunities

One of the most important aspects of funding for any organization involves pursuing funding strategies that are a good fit with the mission and priorities of the organization. This provides a funding summary that recognizes that there may be opportunities for collaborative, multi-disciplinary, and flexible programming goals associated with the NBHD.

This Appendix is an initial list of opportunities that may be pursued to accomplish the goals of the NBHD broadly conceived. Approaching these sources, will require a clear plan with measurable goals.

The summary includes government and foundation sources that provide support for programs. It does not include smaller in-kind donations or sponsorships that the NBHD might pursue. Nor does it include fees for services.

Consistent with the goals of the NBHD. Owing to the diversity of grant purposes, the collaborative feature of the NBHD is beneficial, as this approach can increase opportunities for funding eligibility. For example, where some grants are only available to special districts, hospitals, others are targeted at nonprofit organizations. Partnerships, therefore, can expand the overall programming support available.

Methodology: Foundation and Government Grant Opportunities

Nonprofit and foundation opportunities were primarily derived from a search of the internet for opportunities. The primary source for federal grants opportunities was the government website Grants.gov. The following crosswalk of grant opportunities is organized by the following categories: Funding entity, funding opportunity and description, alignment with NBHD goals, access/links for more information, and any additional proposer recommendations.

NBHD Funding Grant Funding Strategy

This information provided depends to a great extent on the approach that the NBHD chooses to take in terms of its strategic priorities. An initial approach may be to work with a funder for technical assistance to a) assess organizational and community needs or to b) facilitate partnership development. This has the advantage of developing a track record of grant funding that can be leveraged for additional opportunities. Many of the federal opportunities are research based and require a longer term planning cycle. However, there are opportunities that are viable, depending on the fit and capacity of the organization to pursue the funding source.

Federal Funding Opportunities

Funder	Opportunity/Description	Alignment w/NBHD	Access Information	Additional Information
National Institutes of Health	Community Partnerships to Advance Research	Partnership(s) for health outcomes	https://grants.nih.gov/grants/guide/pa-files/PA-18-377.html	Program encourages researchers to partner with community groups, using Community Engaged Research (CErR) methodologies that will enhance relationships and lead to better intervention development and positive health outcomes.
Dept of Health and Human Services	Addressing Health Disparities through Effective Interventions among Immigrant Populations	Expand health	https://grants.nih.gov/grants/guide/pa-files/PA-18-284.html	The purpose of this Funding Opportunity Announcement (FOA) is to support innovative research to develop and implement effective interventions to address health disparities among U.S. immigrant populations.
US Dept of Treasury	Social Impact Partnerships to Pay for Results Act Demonstration Projects	Social indicators of health	https://home.treasury.gov/services/social-impact-partnerships/sippra-pay-for-results	New (2019) grant demonstration program to encourage funding social programs that achieve results. Under this NOFA, Treasury announces the availability of up to \$66,290,000 for payments for successful outcomes of social impact partnership projects through grants to State and local governments, and, for project evaluations, the availability of up to approximately \$9,940,000
US Department of Agriculture	Distance Learning and Telemedicine Grants	Rural health care access and expand health care Opioid abuse	https://www.grants.gov/web/grants/search-grants.html?keywords=health	DLT Program provides financial assistance to enable and improve distance learning and telemedicine services in rural areas. DLT grant funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies by students, teachers, medical professionals, and rural residents. These grants are intended to increase rural access to education, training, and health care resources that are otherwise unavailable or limited in scope.
Department of Health and Human Services Administration for Community Living	Innovations in Nutrition Programs and Services	Partnership support: Food Bank & Health District	https://acl.gov/grants/open-opportunities	This funding opportunity is for competitive grants to be awarded to support systematic testing and documentation of innovative and promising practices that enhance the quality, effectiveness, and proven outcomes of nutrition programs and services within the aging services network. Innovative and promising practice projects awarded through previous INNU announcements have focused on at least one of the following areas; Creating partnerships between Universities and/or other research organizations in collaboration with aging network organizations to develop or test innovative evidence based programs or practices for senior nutrition; Modernizing the congregate and/or home delivered meal program infrastructure, delivery mechanisms, and/or marketing and outreach that can be used by the national aging network to ensure that States are able to

Funder	Opportunity/Description	Alignment w/NBHD	Access Information	Additional Information
				maximize the return on their investment in nutrition programs and expanding the reach of the OAA target populations; Enhancing partnerships with health care partners (e.g. oral health, behavioral health, alternative health, and etc.) to further demonstrate the network's value in solving local and national problems, and/or increasing business acumen opportunities and; Advancing the use of technology within the aging and nutrition network Successful awardees will be expected to focus on outcomes including, but not limited to, methods to improve collaboration with local health care entities, decrease health care costs for a specific population, and/or decrease the incidence of the need for institutionalization among older adults.
Department of Health and Human Services Health Resources and Services Administration	Small Health Care Provider Quality Improvement Program	Rural health care expansion	https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?CycleID=00ba519a-3f47-4987-99ba-b1d443cf8097	The purpose of the Rural Quality Program is to support planning and implementation of quality improvement activities for rural primary care providers or providers of health care services, such as a critical access hospital or a rural health clinic, serving rural residents.
Department of Health and Human Services Health Resources and Services Administration	New Access Points	Primary service expansion	https://grants.hrsa.gov/2010/Web2External/Interface/FundingCycle/ExternalView.aspx?CycleID=eaad76ad-5a02-4484-8129-2f005e8e3a4c	The purpose of this funding is to provide operational support for new service delivery sites to improve the health of the nation's underserved communities and vulnerable populations by expanding access to affordable, accessible, quality, and cost effective primary health care services. Rinehart Clinic may be eligible.

State or Foundation Opportunities

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Cambia Health Foundation	Various programs: Palliative Care and Healthy People; Healthy Communities	Rural health; Healthy communities; Social determinants of health	http://www.cambiahealthfoundation.org/programs/grant-programs.html	They represent our commitment to creating a person-centered health system that recognizes the importance of social determinants of health while building resiliency in children, families, and communities. Oregon funder.
Oregon Office of Rural Health	Rural health provider incentive programs; Various grant opportunities: Critical rural health innovation project, hospital trauma technical assistance, EMS Services in rural Oregon;	Rural health provision	https://www.ohsu.edu/xd/office-of-rural-health/about/grant-funding.cfm	The Oregon Office of Rural Health provides grants and grant support to rural and frontier facilities, communities and organizations.
Rural Health Information Hub	Indexes Oregon Funding Opportunities for rural health care provision	Rural and innovative health	https://www.ruralhealthinfo.org/states/oregon/funding	.
Wildhorse Foundation Grants	Various	Public health	foundation@wildhorseresort.com	Grants to tribes and national, regional, or local Native American organizations that serve individuals in the Cayuse, Umatilla, and Walla Walla tribes of Oregon and Washington. Funds may be used to support programs in the areas of public health, public safety, environmental protection, and gambling addiction, among others
Oregon Community Foundation	Various	Partnerships; diversity, equity, inclusion	https://www.oregoncf.org/grants-scholarships/grants/community-grants	Oregon Community Grant Program Grants for projects in Oregon that address health and well-being of vulnerable populations; educational opportunities and achievement; arts and culture; or community livability, environment, and citizen engagement.
Rural Community Assistance Corporation	Facility development	Facility development	https://www.rcac.org/lending/community-facility-loans/	Community Facility Loans Loans to help develop and improve essential community facilities in the rural West.

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				Applicable facilities include public and nonprofit office buildings, treatment centers, emergency and transitional housing, assisted living, human services, public safety, child care, education, and cultural facilities. Many other types of projects are eligible. Community facility projects that include green building methods and materials may qualify for priority in loan application processing.
Ford Family Foundation Grants	Various	Technical assistance; construction, planning fees, education, family and youth	https://www.tfff.org/how-we-work/grants/current-funding-opportunities	Offers grants to small, rural communities for community development, technical assistance, critical needs, increased access to healthcare, youth development, and child welfare. Ford Family Foundation Grants offer funding for small, rural communities in Oregon and Siskiyou County, California.
The MacColl Center for Health Care Innovation	Healthy Hearts Northwest: Improving Practice Together	Collaborative; technical assistance	mailto:h2n@ghc.org	Provides 15 months of technical assistance to small-to-medium-sized primary care practices in Washington, Oregon, and Idaho. Practices will create plans to utilize health information technology and data reporting for quality improvement, and will receive assistance in implementing external practice quality improvement related to heart health.
Northwest Health Foundation	Event sponsorships	Health equity, outreach to underserved areas, health inequities (physical, mental, developmental)	https://www.northwesthealth.org/sponsorships	Event Sponsorships: Sponsorship for events that promote health or factors that contribute to health in Oregon and southwest Washington.
Oregon Health Authority	Physician recruitment	Recruiting health professionals	https://www.oregon.gov/OHA/HPA/HP-PCO/Pages/J1.aspx	Oregon J-1 Visa Waiver Program Offers a J-1 Visa waiver to foreign physicians who commit to serving for 3 years in an underserved area of Oregon, allowing them to remain in the United States.

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Sunderland Foundation	Health Care and Hospital facility building and improvement	Building / capital funding	https://www.sunderland.org/funding/	Supports capital improvement and one-time special projects in the areas of higher education, churches, youth serving agencies, health facilities, community buildings, museums, civic projects, and energy efficient housing projects. *Offers facility funding (some in Oregon, however limited)
Bill and Melinda Gates Foundation	Health services and poverty	Health services; poverty programs	https://www.gatesfoundation.org/	“Our Global Health Division aims to reduce inequities in health by developing new tools and strategies to reduce the burden of infectious disease and the leading causes of child mortality in developing countries. Our Global Development Division focuses on improving the delivery of high-impact health products and services to the world’s poorest communities and helps countries expand access to health coverage.”