

# MORROW COUNTY HEALTH ASSESSMENT

2015



# Executive Summary

In September 2010, the Community Health Improvement Partnership (CHIP) of Morrow County, consisting of primary and acute care providers and public and behavioral health organizations that provide local services, convened to form a rural health network and worked collaboratively to conduct a community-driven health needs assessment of the entire county. The goal was to collect information that would identify gaps in access to health care services and the health status of county residents. The network was soon enthusiastically joined by representatives from other health, human and public service agencies, members of the community, city/county/state government leadership and programs, law enforcement, education, recreation, agri-business, faith communities, transportation and local chambers of commerce to become a multi-disciplinary partnership of over 30 members.

In response to healthcare transformation in Oregon, in 2013, the Morrow County Court appointed members to serve on the Local Community Advisory Council (LCAC) to the Eastern Oregon Coordinated Care Organization to compliment the CHIP mission and examine the specific needs of people served by coordinated care efforts. This council was comprised of members of the CHIP, additional community members, representatives of early childhood development and education and oral health.

## METHODOLOGY

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources, and served as the community coordinator for the 2010 health needs assessment in cooperation with the Oregon Office of Rural Health.

The original assessment methodology was selected because it was developed specifically for rural communities and had been used successfully over the past twenty years. The process was extremely beneficial as it granted the community the ability to identify local needs and plan strategically to address them without encumbering an overly burdensome financial cost.

Supported initially with financing by the Morrow County Health District, the CHIP sought additional funding to organize the community (county), determine community readiness, and raise awareness about the potential for improving health, prior to conducting the community health needs assessment. The CHIP then planned and initiated the assessment for the service area defined by geography of the county and the Morrow County Health District boundary.

## 2010 - 12 Health Assessment

The CHIP collected and analyzed demographic data, socio-economic indicators, health status indicators, health risk factor survey data, health care resource inventory, health service utilization and scope of service analysis and health care practitioner supply and need analysis data through local resources, the Oregon Health Authority - which collects health statistics data, and the Oregon Office of Rural Health - which maintains an information clearinghouse to provide customized community profiles to rural areas.

Qualitative data was collected at the community level through one-on-one key informant interviews with community members.

The Partnership triangulated the data and then utilized a priority matrix tool to further examine and rank health resources and health status issues based on perceptions of need, potential for achieving the greatest impact or change and availability of resources to facilitate change.

The following the priorities for health resources and health status were established at the county-wide community visioning meeting:

Health Resource Priorities - urgent or extended hours care, communication and coordination, north county assisted living, school nurse, transportation, mobile dental van/access to oral health care services and visiting specialist.

Health Status Priorities - healthy lifestyle, illness and injury prevention, physical fitness infrastructure/ workout facility, alcohol/drugs/tobacco use, prenatal care, diabetes, safe water and cancer.

Over the course of several years and through strategic planning efforts, the following goals were agreed to by the Community Health Improvement Partnership:

1. Conduct community-based health needs assessment every three years.
2. Design and implement a communication plan to involve and educate all levels of the community.
3. Build a plan for financial sustainability through grant writing, in-kind donation and business support.
4. Lead and coordinate workgroups to implement solutions that promote healthy lifestyles and disease/illness prevention and promote physical activity and the development of fitness infrastructure.
5. Participate on the Local Community Advisory Council LCAC and support the Eastern Oregon Coordinated Care Organization to improve community outreach and health service coordination.

Neither the CHIP nor the Morrow County Health District received any public written comments on the approved 2012 health assessment after posted to the websites and available to the public.

### 2015 Health Assessment

People in Morrow County Oregon who receive health care coverage through the Oregon Health Plan (OHP) are served by the Eastern Oregon Coordinated Care Organization (EOCCO). To ensure local needs are considered in regional health planning, each county developed a Local Community Advisory Council to identify and prioritize local needs and allocate resources to achieve better health, better health care quality and lower costs to the health system and community.

In 2013, the Morrow County Health District worked in concert with Morrow County Local Community Advisory Council and the Community Health Improvement Partnership (CHIP) and initiated a second health needs assessment. The CHIP updated county-level health statistics information and the LCAC was charged with examining demographic and socio-economic data and health status indicators specific to the population served by the Oregon Health Plan.

Jointly, qualitative data was also collected at the community level from focus groups convened in Heppner, Irrigon and Boardman. Additionally, 24 key informant interviews were conducted with Hispanic community members primarily in the north end of the county. This community engagement process was utilized to explore values and perceptions of community members and helped to determine the distance between what statistics had indicated as a community need and what the community perceived as a need, as well as a “hot spot” for emerging issues.

The gathered information was triangulated and the LCAC members, including Morrow County Health District, utilized a forced choice matrix to determine the following priority areas for those served by the EOCCO: maternal risk factors and child health, youth mental health and alcohol/tobacco/drug use. Areas also achieving a high ranking score, but not selected as areas of focus were: obesity or overweight, diabetes and oral health.

The integrated CHIP and LCAC data and information became the foundation of the Morrow County Health Assessment for determining health priorities. The Morrow County Health District Board of Directors, as the authorized body of the hospital facility, adopted the 2015 community health needs assessment. After examining the statistical trends, as well as considering the input received from the community throughout the assessment period, the areas of need, or conversely the areas that show satisfactory health for Morrow County residents had not changed dramatically since 2010.

The following report details the information which supports the continued focus in the areas originally identified – improving communication and coordination of health issues and services and promoting healthy lifestyles with specific attention to maternal and family health, youth mental health and alcohol, drug and tobacco use.

## INTRODUCTION

In September 2010, the Community Health Improvement Partnership (CHIP) of Morrow County, consisting of primary and acute care providers and public and behavioral health organizations that provide local services convened to form a rural health network and worked collaboratively to conduct a community-driven health needs assessment of the entire county. The goal was to collect information that would identify gaps in access to health care services and the health status of county residents. The network was soon enthusiastically joined by representatives from other health, human and public service agencies, members of the community, city/county/state government leadership and programs, law enforcement, education, recreation, agri-business, faith communities, transportation and local chambers of commerce to become a multi-disciplinary partnership of over 30 members.

Additionally, in response to healthcare transformation in Oregon, in 2013, the Morrow County Court appointed members to serve on the Local Community Advisory Council (LCAC) to the Eastern Oregon Coordinated Care Organization (EOCCO). This council was comprised of members of the CHIP, additional community members, representatives of early childhood development and education and oral health, specifically to advise on local issues and services affecting the population served by the EOCCO.

Together, the CHIP, LCAC, Morrow County Health District and community initiated this assessment to update local health status information to include an expanded and slightly more comprehensive look at special populations, including information Oregon Health Plan enrollees, older adults and Hispanic people.

## GEOGRAPHIC DESCRIPTION AND LOCATION

Morrow County, Oregon is located in the north central part of the state and east of the Cascade Mountains. The incorporated areas of Morrow County include the towns of Boardman, Irrigon, Heppner, Lexington and Ione. The elevation varies from 250 feet on the Columbia River to nearly one mile elevation in the Blue Mountains. The county land area encompasses 2,032 square miles. Morrow County contains more than one million acres of gently rolling plains and broad plateaus to forested lands. This rich agricultural land can be roughly divided into three occupational zones—increasing amounts of irrigation farming in the north; vast fields of dry land crops yielding to cattle ranches in the center; and timber products in the south. It is bound by the Columbia River on the north, Umatilla County to the east, Grant County and Wheeler County to the south, and Gilliam County to the west.

## HEALTH SERVICE AREA DESCRIPTION

Direct health care services are available in Boardman, Irrigon and Heppner. A student health center and community clinic is currently being developed in Ione.

Medical providers also support some level of health care and social services to three of the surrounding frontier counties. Morrow County is designated as a Health Professional Shortage Area for primary medical, dental and mental health care. All of the counties surrounding Morrow have population or geographic shortage designations for primary medical, dental and mental health care as well. Heppner is the county seat and location of Morrow County Health District (MCHD) administration and Pioneer Memorial Hospital.

The Heppner and Ione communities are a forty-eight mile drive over a two lane state highway to the nearest micropolitan statistical area – Hermiston and seventy miles to Pendleton. Boardman, located in the north end of the county is twenty-three miles away from Hermiston. This does not seem to be a great distance, however the low-income and farm worker populations that reside in the area often also experience transportation barriers and have limited access to care. Even if individuals have unimpeded transportation, Umatilla County also has areas of medical underservice, which leaves very little accommodation for neighboring access to additional health services.

## METHODOLOGY

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources and served as the community coordinator throughout the assessments.

The assessment methodology was selected because it was developed specifically for the less densely populated rural communities and had been used successfully over the past twenty years. This process is extremely beneficial as it grants the community the ability to identify local needs and plan strategically to address them.

Supported initially by Health District funding, the CHIP sought additional funding to organize the community (county), determine community readiness, and raise awareness about the potential for improving health prior to conducting the community health needs assessment. The CHIP then planned and initiated the original assessment of the health needs in cooperation with the Oregon Office of Rural Health.

The service area was defined by geography of the county and the Morrow County Health District boundary.

## 2012

The following quantitative data was collected in a combined effort by CHIP, local resources, the Oregon Health Authority - which collects health statistics data, and the Oregon Office of Rural Health - which maintains an information clearinghouse to provide customized community profiles to health service areas.

- ❖ Demographic data
- ❖ Socio-economic indicators
- ❖ Health status indicators
- ❖ Health risk factor survey data
- ❖ Health care resource inventory
- ❖ Health service utilization and scope of service analysis
- ❖ Health care practitioner supply and need analysis

Qualitative data was collected at the community level by conducting one-on-one key informant interviews with community members, hosting county-wide community visioning meeting and public presentations of data. See Attachment 1 - Organization Collaboration List and Attachment 2 - Data Sources.

## 2015

People in Morrow County Oregon who receive health care coverage through the Oregon Health Plan are served by the Eastern Oregon Coordinated Care Organization (EOCCO). To ensure local needs are considered in regional health planning, each county developed a Local Community Advisory Council (LCAC) to identify and prioritize local needs and allocate resources to achieve better health, better health care quality and lower costs to the health system and community.

In 2013, the Morrow County Health District worked in concert with Morrow County Local Community Advisory Council and the Community Health Improvement Partnership (CHIP) of Morrow County and initiated a second health needs assessment. The CHIP updated county level health statistics information and the LCAC was charged with examining demographic and socio-economic data and health status indicators specific to the population served by the Oregon Health Plan (OHP).

Jointly, qualitative data was also collected at the community level from focus groups convened in Heppner, Irrigon and Boardman. Additionally, 24 key informant interviews were conducted with Hispanic community members primarily in the north end of the county – Attachment 3. This community engagement process was utilized to explore values and perceptions of community members and helped to determine the distance between what statistics had indicated as a community need and what the community perceived as a need, as well as a “hot spot” for emerging issues.

The gathered information was triangulated and the LCAC members, including Morrow County Health District, utilized a forced choice matrix to determine the following priority areas for those served by the EOCCO: maternal risk factors and child health, youth mental health and alcohol/tobacco/drug use.

Areas also achieving a high ranking score, but not selected as areas of focus were: obesity or overweight, diabetes and oral health.

The integrated CHIP and LCAC data and information became the foundation of the Morrow County Health Assessment for determining health priorities. After examining the statistical trends, as well as considering the input received from the community, the areas of need, or conversely the areas that show satisfactory health for Morrow County residents had not changed dramatically since 2010. The following report details the information which supports the continued focus in the areas originally identified – improving communication and coordination of health issues and services and promoting healthy lifestyles with specific attention to maternal and family health, youth mental health and alcohol, drug and tobacco use. See Attachment 4 - MCHD Impact Strategies.

## DATA AND INFORMATION

### Demographic, Socio-economic, Safety and Education

The U.S. Census Bureau 2014 estimate of the county population is 11,289; with the increasing growth occurring at the north end of the county in the Boardman area. This area of the county has also experienced growth of the Hispanic population - approximately sixty percent of the population identified as Hispanic origin compared to the state's 13 percent.

Morrow County per capita income is greater than the state average and unemployment is near the same as the state average at about 8%. The population living below poverty is 16% relative to the state's 35%. The population living below 200% percent of the federal poverty level is much greater in Boardman (55%), greater than other communities in Morrow County, and also much greater than the state (35%). For children below the age of 18, Boardman (18%) and Irrigon (17%) have lower rates of poverty than both the state level (21%) and Heppner reports a significantly greater ratio (28%).

Between 46-94% percent (an average of over 70 percent of the students in Morrow County schools) are enrolled in the free and reduced school lunch program. It is worth noting that even though child poverty is reportedly higher in Heppner; significantly greater numbers of students are enrolled in the free and reduced school lunch program at the elementary schools in the north end of the county.

Thirty percent of the population in Boardman (Oregon 6%), older than 5 years of age, speaks English less than very well. Thirty-five percent of this population does not have a high school diploma (Oregon 11%).

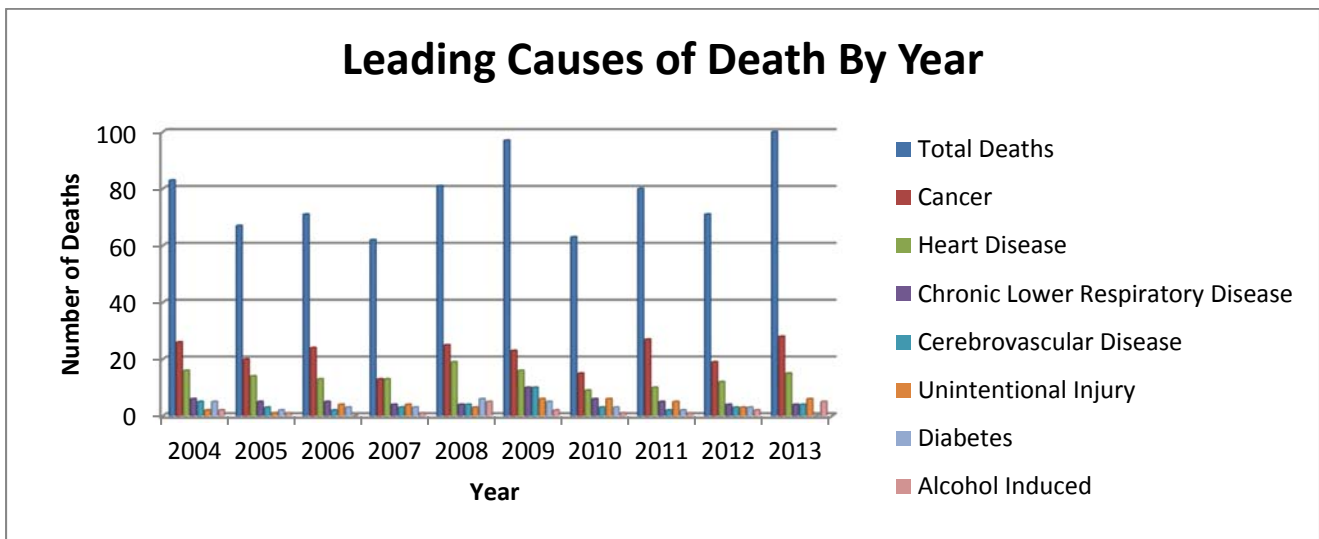


In all of Morrow County, nearly 10% of adults over the age of twenty-five have a bachelor’s degree or higher.

The Morrow County Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012 reports consistently higher than the state average for violent crimes (homicide, rape, kidnapping, assault reported to police). Oregon had a state goal of reducing crimes to less than 115/10,000. Morrow County rates ranged from 120-179/10,000.

## HEALTH FACTORS

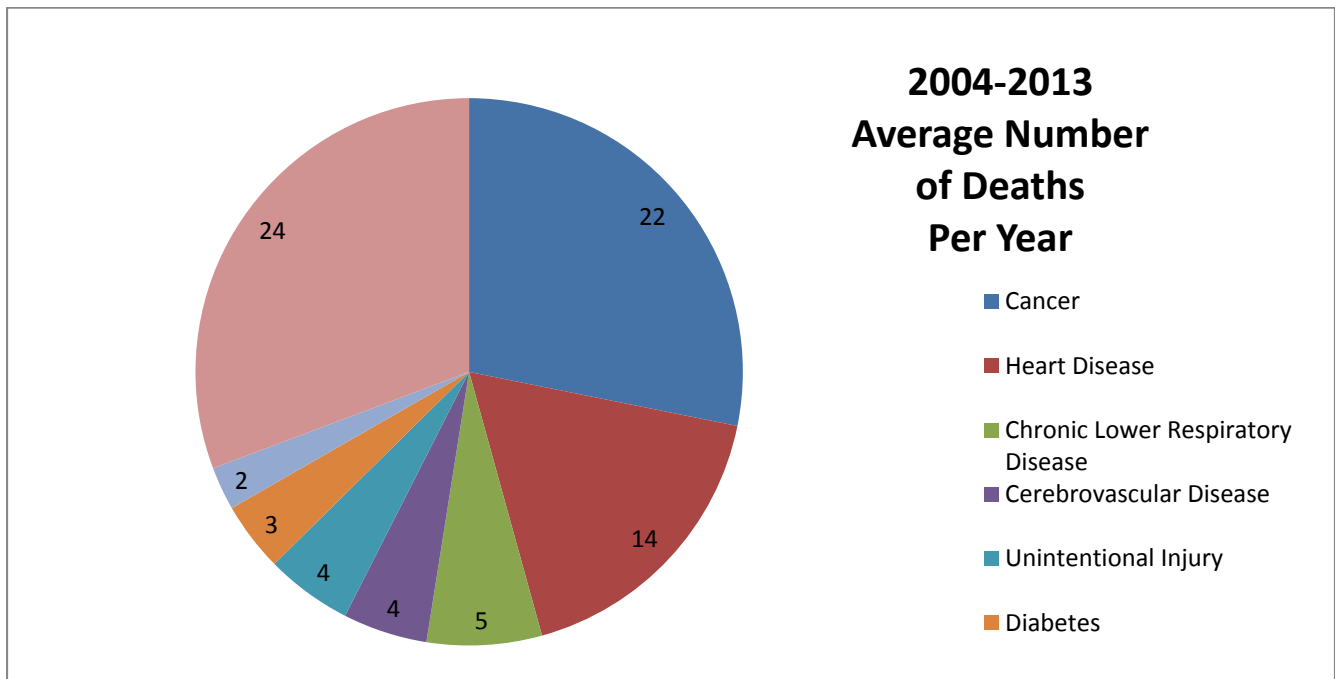
### Mortality



*Diabetes, heart disease and stroke lead to more death and disability than any other conditions in Oregon.*

*Together, these three diseases are among the most costly health conditions in Oregon. These diseases are interrelated and complex.*

## Mortality Continued



### Age-Adjusted Death Rate

The age-adjusted death rate for Morrow County is 726/100,000, which is below the state rate 821/100,000. (The potential confounding effect of age is reduced when comparing age-adjusted rates as opposed to crude death rates).

### Tobacco-Related Deaths

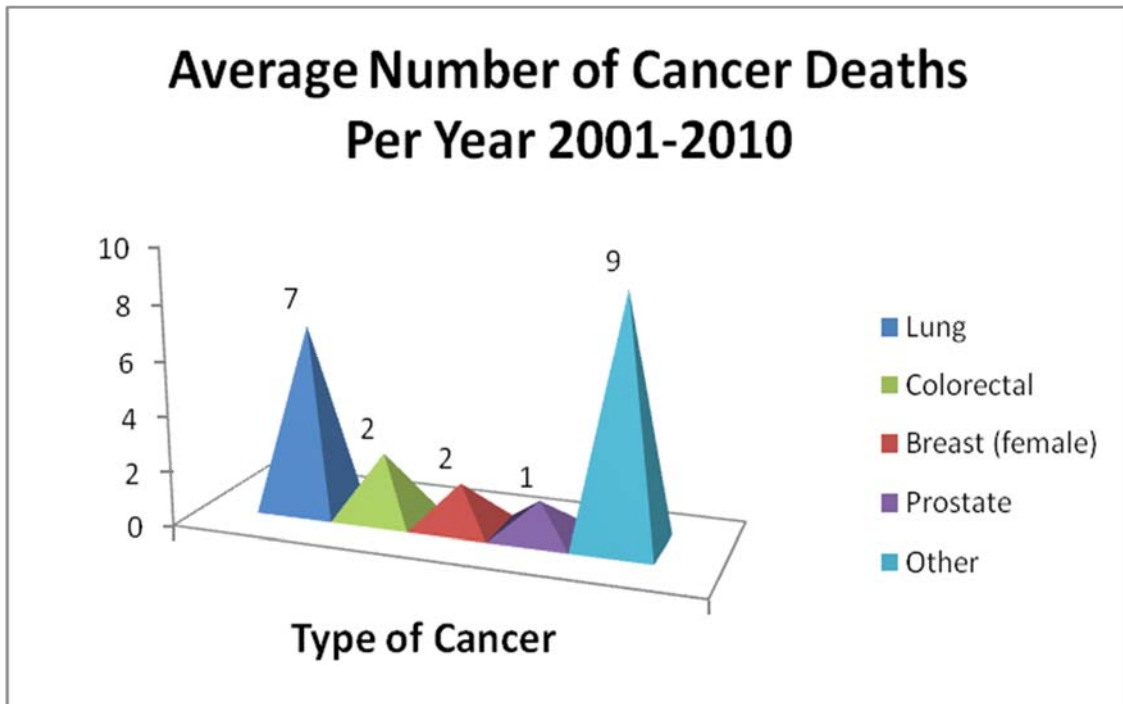
There were 100 deaths in Morrow County in 2013; twenty-six of these deaths were linked to tobacco.

### Cancer Deaths

During the period of 2006-2010, the mortality rate (ratio of people dying from Cancers) for Morrow County was 175.9/100,000; Oregon's rate was 178.7/100,000.

There are approximately twenty-two deaths per year from all types of cancer in Morrow County.

## Cancer Deaths Continued

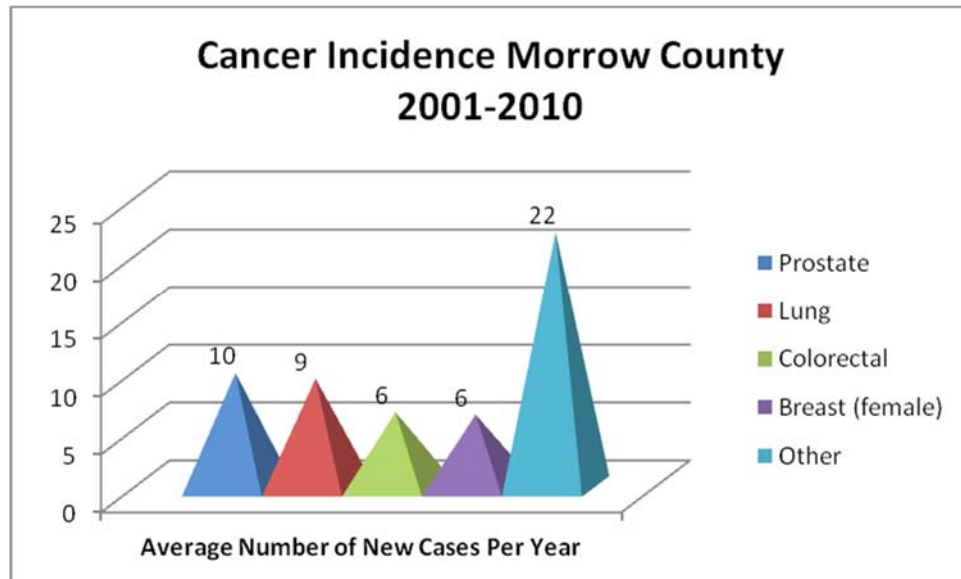


CANCER RISK IS RELATED TO AGE. OVER 50% OF CANCERS OCCUR IN PEOPLE OVER AGE 65. DUE TO PUBLIC HEALTH EFFORTS AND ADVANCES IN MEDICAL CARE THAT CONTRIBUTE TO INCREASING THE AVERAGE AGE OF THE POPULATION, WE CAN EXPECT TO OBSERVE MORE CASES OF CANCER.

## Morbidity (Chronic Conditions)

### Cancer Diagnosis

In Morrow County, the incidence rate (number of newly diagnosed cases) for prostate and colorectal cancer is slightly higher than the state, while the lung cancer rate is higher than the state rate and breast cancer is slightly lower than the state rate.



CANCERS HAVE MANY DIFFERENT CAUSES—  
SOME OF WHICH ARE SPECIFIC AND KNOWN,  
LIKE SMOKING AND LUNG CANCER, MANY ARE UNKNOWN.

IT IS A COMBINATION OF FACTORS:  
INDIVIDUAL BEHAVIOR, GENETIC PREDISPOSITION, OR  
ENVIRONMENTAL FACTORS THAT DETERMINE WHETHER OR NOT  
A PERSON DEVELOPS CANCER.

## Morbidity (Chronic Conditions) Continued

### High Blood Pressure

Nearly one quarter of adults in Morrow County have high blood pressure, which is approximately the same percentage as occurs in the state.

### High Cholesterol

It is estimated that twenty-eight percent of the adult population has high cholesterol, which is different from the state (32%).

### Diabetes

Approximately 7% of adults in Morrow County have been told by a health care professional they have diabetes, which corresponds with the proportion of the state of Oregon.

**The leading modifiable risk factors for heart disease and stroke are:**

- High Blood Pressure
- High Cholesterol
- Cigarette Smoking
- Diabetes
- Poor Diet and Physical Activity
- Overweight/Obesity

**It is critical to address risk factors early in life to prevent the potential devastating complications of chronic cardiovascular disease.**

#### **Strategies**

*Increase the availability of healthy foods and beverages in child care facilities, schools, worksites and neighborhoods;*

*Increase places where people can move more safely;*

*Increase the number of environments that are tobacco-free;*

*Increase referrals to self-management programs so that people with chronic disease can live well and take care of themselves.*

### Arthritis

Thirty-three percent of adults in Morrow County were told by a health professional they had some form of arthritis.

## Morbidity (Chronic Conditions) Continued

### Other Chronic Diseases

Based on a small population size or number of events, rates can fluctuate widely between different populations or from year to year for reasons other than a true difference in the underlying number of events. So, the prevalence (number of cases at a particular time) of asthma, heart attack, angina, stroke, cancer is not reported in Morrow County as it is potentially statistically unreliable. Therefore rather than relying on prevalence rates, it becomes important to look at behaviors or underlying causes that contribute to the development of these conditions.

## Morbidity (Communicable Disease)

### Sexually Transmitted Disease

Chlamydia is the most common reportable disease in Oregon and a major cause of infertility. In Morrow County over the past five years the average number of cases diagnosed was 25 per year and has been increasing. Oregon law requires health care providers and laboratories to report Chlamydia cases to the local health department.

In 2014, Morrow County saw a small spike in the number of gonorrhea cases. If a pregnant woman has gonorrhea, she may give the infection to her infant as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will lessen the risk of these complications.

### ***Prevention Primary strategies to prevent a person from becoming infected with STDs:***

- ***Delay age at onset of intercourse;***
- ***Decrease the number of sex partners;***
- ***Increase condom use;***
- ***Rapidly find and treat new cases. This can also be primary prevention when it results in sex partners not becoming infected.***

## Sexually Transmitted Disease Continued

Untreated gonorrhea can cause serious and permanent problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). About 1 million women each year in the United States develop PID. Women with PID do not necessarily have symptoms or signs.

When symptoms or signs are present, they can be very severe and can include strong abdominal pain and fever. PID can lead to long-lasting pelvic pain, and infertility. PID can cause infertility or damage the fallopian tubes (egg canals) enough to increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube.

## Healthy Behaviors

### High Cholesterol

In the period 2008-11, 28% of Morrow County residents were estimated to have high blood cholesterol. This is a slightly better rate than the state average (32%). But, Morrow County lags behind the state rate for preventive cholesterol screenings (Morrow County 66%, Oregon 73%).

### Overweight/Obesity

Obesity is a major risk factor for the development chronic conditions such as high blood pressure and high cholesterol, and for chronic diseases such as diabetes, heart disease, cancer and stroke. To better understand the burden of these chronic conditions and diseases in Oregon, the prevalence of the underlying risk factors (or precursors of disease) needs to be known. Overweight and obesity is one of the leading causes of preventable death in Oregon, (an estimated 1,500 premature deaths each year).

In Morrow County over 40% of residents are overweight. The prevalence for those overweight increased from 30% reported in 2006-09. Thirty percent of residents are obese. These rates are above the state averages.

Four community focus groups were convened to gather information to help understand perceptions of health issues and each of the groups initiated conversation about topics related to forming healthy lifestyles related to exercise, rest, accessing and affording healthy foods, identifying time to prepare healthy foods and education about nutrition and cooking.

## Healthy Behaviors Continued

Three of the four focus groups referred to the need for continuing the Biggest Winner Weight Loss Challenge and Healthy Lifestyle Program or maintaining the resources which were available at that time. This successful program's focus was supporting weight loss and promoting healthy lifestyles.

All community focus groups indicated a need for safe and accessible indoor and outdoor exercise sites with organized activities or instruction.

### Colorectal Screening

Just over 40% of men have received timely colorectal screening. The state average is over 60%.

### Mammogram

At the county level, statistically reliable data is not available.

### Cholesterol Screening Within Past 5 Years

Sixty-six percent of the eligible population had received screening compared to seventy-three percent of the state population.

### Pap Screen Within Past 3 Years

Ninety-four percent of the eligible population has been screened as recommended, which is a statistically significant difference from other counties in Oregon. This indicates Morrow County is achieving a high standard of care.

### Tobacco Use

In Morrow County, smoking tobacco use has declined slightly. Fifteen percent of persons report being a smoker. The prevalence decreased from 18% reported in 2006-09. According to Behavioral Risk Factor Surveillance data, there are approximately 1,180 adult smokers in Morrow County and 500 suffering a tobacco-related illness. All four community focus groups perceived smoking as a lifestyle factor of great concern to their community.



## Healthy Behaviors Continued

### Smokeless Tobacco by Males

The Oregon Health Authority reports through data collected 2008-11, 24% of adults in Morrow County were users of smokeless tobacco products, however, this figure is statistically unreliable. The perception by community members and public health program managers is that this figure is likely near accurate. The state usage rate is seven percent.

### Flu Shot and Pneumonia Vaccination

Adequate adult information is not available.

## Maternal and Child Health

On average, 156 births per year occurred from 2008-2012 in Morrow County. In 2013, 9/129 births were low birth weight (1,500-2,500 grams) babies and nine percent of mothers did not receive adequate prenatal care (less than 5 prenatal care visits or began care in third trimester). In contrast the state reported that almost six percent of mothers did not receive adequate prenatal care. Approximately 10% of births are at higher risk due to the mother's use of tobacco during pregnancy.

In Morrow County four maternal risk factors were identified: being a member of a minority population, age, having four or more live births, having less than 12 years of education and being unmarried.

### Immunizations

**In 2013, 78% of two-year-olds in Morrow County were up to date for the 4:3:1:3 immunization series.**

**Ninety-three percent of adolescents were up to date on the Tdap (Tetanus, Diphtheria, and Pertussis Vaccination)**

**Twenty-two percent of adolescents age 13-17 years old received flu shots in 2013.**

## Immunizations Continued

**Tetanus, diphtheria and pertussis** can be very serious diseases, even for adolescents and adults. Tdap vaccine can protect us from these diseases.

**TETANUS** (Lockjaw) causes painful muscle tightening and stiffness, usually all over the body.

- Tetanus kills about 1 out of 5 people who are infected.

**DIPHTHERIA** can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, difficulty breathing, vomiting and disturbed sleep.

The American Academy of Pediatrics, American Academy of Family Physicians and the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases recommend a series of immunizations to protect your children against vaccine-preventable diseases. Immunization is one of the safest and most effective ways to keep yourself, your family and your community healthy

### Oral Health

Oregon children have among the worst oral health in the nation. Because of poverty, lack of access to care, and other social and economic issues, Oregon children suffer more dental pain and infection than children in almost any other state. If left untreated, dental disease can be devastating to children's health, educational success, productivity and self-image. Furthermore, current medical research indicates that dental disease can play a significant role in many other medical conditions, including heart disease and diabetes.

Many low-income adults in Oregon go without dental coverage under the current health insurance structure. As untreated dental issues progress, many uninsured people with dental crises turn to emergency rooms for pain relief. Up to 30% of uninsured individuals who visit hospital emergency rooms are cases that could be treated more effectively in a dental office. Emergency room treatment for dental disease is not only ineffective, but also costly for both patients and hospitals.

## Oral Health Continued

2012 Oregon Smile Survey findings:

- Despite being preventable, tooth decay remains a significant public health concern and causes needless pain and suffering for many of our children in Oregon.
- In Oregon more than one in two children (52%) between 6-9 years of age have had a cavity - Morrow County had a 58% cavity rate. This rate is above Healthy People 2020 goals, indicating there is more progress to be made in preventing tooth decay.
- In Oregon, children from lower-income households had substantially higher cavity rates compared to children from higher-income households (63% vs. 38%), almost twice the rate of untreated decay (25% vs. 13%), and more than twice the rate of rampant decay (19% vs. 8%).
- Hispanic/Latino children experienced particularly high rates of cavities, untreated decay, and rampant decay compared to white children.

**The use of dental sealants is a highly effective, safe, and low-cost intervention that protects against cavities.**

**Preventing tooth decay isn't just good medical practice; it also makes good economic sense. The cost of effective early intervention is negligible compared to the social and economic costs of widespread, untreated dental disease.**

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## Behavioral and Mental Health

Substance use disorders, gambling disorders and mental illness carry widespread physical, social and financial consequences for individuals, their families and communities. These problems result in billions of dollars each year spent on health care for preventable illnesses, the criminal justice and social welfare systems. There are the measureable costs, such as lost wages and homelessness, as well as the immeasurable human cost of lost potential and lost opportunity.

Behavioral health issues are a major public health concern nationally and in Oregon. It is estimated that in between 2011 and 2012, 21 percent of all adults (18 and older) dealt with mental illness, and 4.6 percent had a severe and persistent mental illness. The estimated prevalence for children with serious emotional disorders is tied to a state's poverty rate; for Oregon, it was estimated that 6–12 percent of all kids ages 9–17 would experience serious emotional disorders in 2013.

### Alcohol and Drug Use

Substance use disorders remain a serious problem. The rate of alcohol-induced deaths has been near the state rate since 2000, but an increasing trend has been observed 17/100,000 – Morrow County and 14/100,000 – Oregon. Similar information was reported for drug induced deaths.

### Services

Local mental health authorities typically are composed of the local board of county commissioners that is responsible for the management and oversight of the community's public system of care for mental illness, intellectual and developmental disabilities, and substance use disorders. Local mental health authorities manage local funding and resources, and they plan, develop, implement and monitor services within their area to ensure consumers are experiencing the expected improvements in health outcomes.

Community mental health programs provide care coordination and treatment for people with mental illness, intellectual or developmental disabilities, and substance use disorders. Core services include screening, assessment and referral to providers and community organizations, as well as emergency or crisis services. All members of a community can access core services from community mental health programs, subject to the availability of funds. These safety net and crisis services play a key role in the overall behavioral health system.

## Services Continued

The Local Community Advisory Council to the Eastern Oregon Coordinated Care Organization (EOCCO) utilizes health metrics data to track and evaluate the health of those individuals receiving health care coverage through the Oregon Health Plan. The metrics assessing mental health are: alcohol or other substance misuse (SBIRT), follow-up after hospitalization for mental illness, screening for clinical depression and follow-up plan, screening for clinical depression and follow-up plan, follow-up care for children prescribed ADHD medications, patient-centered primary care home enrollment, developmental screening in the first 36 months of life, adolescent well-care visits and mental and physical health assessment within 60 days for children in DHS custody.

## Transportation

All four community focus groups discussed transportation needs for food shopping and health care as a potential problem in Morrow County. The EOCCO Needs Assessment Checklist reported over 6% of the county population is reported as having no personal transportation (2007-11 American Community Survey). While this number is lower than the state rate, it remains a significant issue in rural communities.

References were made in three of the four focus groups to knowledge of an Oregon Department of Transportation - Northeast Area Commission on Transportation area assessment alluding to transportation issues.

## Environment

### Water Fluoridation

Over the past several decades, there have been major improvements in the nation's oral health. Still, tooth decay remains one of the most common chronic diseases of childhood. Community water fluoridation has been identified as the most cost-effective method of delivering fluoride to all members of the community, regardless of age, educational attainment, or income level.

Community water fluoridation is recommended by nearly all public health, medical, and dental organizations including the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service, and World Health Organization.

## Water Fluoridation Continued

The safety and benefits of fluoride are well documented. For 70 years, people in the United States have benefited from drinking water with fluoride, leading to better oral health. By preventing tooth decay, community water fluoridation has been shown to save money, both for families and the health care system.

Despite evidence that water fluoridation is safe and prevents tooth decay, Oregon ranks 48th among U.S. states by proportion of public water systems that are fluoridated.

**There are currently no cities in Morrow County that fluoridate the community water supply. The U.S. Department of Health and Human Services recommends a level of 0.7 milligrams per Liter (mg.L) of fluoride in your drinking water. This is the level that prevents tooth decay and promotes good oral health.**

In Morrow County, Heppner, Boardman, and Lexington have a natural fluoride level of .40 mg/L. Irrigon has .30 mg/L. These community water systems have a fluoride level from natural sources below the amount needed to prevent cavities (tooth decay). Since this water does not provide sufficient protection for good oral health, individuals want to consult with dental professionals for fluoride treatment options to improve oral health.

## SPECIAL POPULATIONS

### Student Wellness

#### Obesity/Overweight

The 2012 Student Wellness Survey for Morrow County School District 1 (SD1) indicated that 35% of females and over 30% of males are overweight or obese.

Umatilla Morrow Head Start Survey reported 35% of their youth population over the age of three reported a body mass index corresponding to being overweight or obese.

## Student Wellness Continued

### Tobacco Use

Also according to the survey, twice as many sixth grade students reported smoking cigarettes in the past 30 days as was reported at the state level. More than five times as many reported using other tobacco substances.

In the eleventh grade nearly 15% of students reported using “other” tobacco products.

There was concern expressed in all community focus groups about high smokeless tobacco use among youth.

### Alcohol/Drug Use

The 2012 Oregon Student Wellness Survey for Morrow County SD1 reported lower rates for alcohol use or binge drinking use as compared to the state rates in eleventh grade, however higher for sixth and eighth grade.

The same study reported a higher than statewide average use of sniffing glue and breathing contents of aerosol sprays to get high (6th grade was 12.1 percent compared to 6.7 for the state; 11th grade was 2.6 compared to 1.8 for the state).

Morrow SD1 students also reported a higher rate of using prescription drugs without a doctor’s orders (6th grade was 4.4 percent compared to 1.7 for the state; 8th grade was 7.9 compared to 4.5 for the state; 11th grade was 9.1 compared to 8.4 for the state).

Other use of illicit drugs (marijuana, cocaine, ecstasy, heroin, etc.) was lower overall than the state average.

### Mental Health

Morrow County Epidemiological Data on Alcohol, Drugs and Mental Health for 2000 to 2012, reports higher levels of depression and attempted suicide and ideation of suicide, in 6th graders than state rates.

## Older Adult

Morrow County is beginning to see the first baby boomers join the age group of older adults, and in the coming years the population will include an increasing percentage of older adults.

The growth of the population age 65 and over affects many aspects of our society, challenging families, businesses, health care providers, and policymakers, among others, to meet the needs of aging individuals.

**Since 2000, the population in the Boardman area of those individuals ages 45-64 grew by 35% and age 65+ grew by 69%.**

**In Irrigon, the population ages 0-14 decreased 6% and ages 15-44 decreased 12%. Additionally, age 45-64 and 65+ increased 20% and 45% respectively.**

**In south Morrow County since 2000, ages 0-14 decreased 28%; 15-44 decreased 18% and age 65+ increased 20%.**

Illness or disease, life expectancy, falls and functional abilities, living arrangements, transportation, and health care access are all key issues to consider for the older adult population. By using effective community-wide approaches and programs, health program managers and service providers help ensure the health and independence of the aging population.

## Life Expectancy

Americans are living longer than ever before. Life expectancies at both age 65 and age 85 have increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of 19.2 more years.



## Older Adult Continued

### Illness/Disease

Chronic diseases are long-term illnesses that are rarely cured. Chronic diseases such as heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions. Chronic health conditions negatively affect quality of life, contributing to declines in functioning and the inability to remain in the community. Many chronic conditions can be prevented or modified with behavioral interventions. Six of the seven leading causes of death among older Americans are chronic diseases.

Vision limitations, hearing limitations, and oral health problems are often thought of as natural signs of aging. However, early detection and treatment can prevent, or at least postpone, some of the debilitating physical, social, and emotional effects these impairments can have on the lives of older people. Glasses, hearing aids, and regular dental care are not covered services under Medicare.

### Disability

According to the Oregon Office on Disability and Health, about half (51.6%) of adults 80 and older in Oregon have a disability.

**In Heppner, Lexington and Lone areas, 22% of the population reports living with a disability. In the Behavioral Risk Factor Surveillance Survey, people are considered to have a disability if they answer “Yes” to one or both of the following questions: 1. Are you limited in any way in any activities because of physical, mental, or emotional problems? 2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?**

**This rate is near the national average (23%), but below Oregon (27%).**

### Mental Health

Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, and higher health care resource utilization.

## Older Adult Continued

### Healthy Behaviors

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals. Influenza vaccinations are given annually, and pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.

Dietary intake affects the health of older Americans, because poor diet quality is associated with cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, and some types of cancer.

Physical activity is beneficial for the health of people of all ages, including the age 65 and over population. It can reduce the risk of certain chronic diseases, may relieve symptoms of depression, helps to maintain independent living, and enhances overall quality of life. Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity. Strength training is recommended as part of a comprehensive physical activity program among older adults and may help to improve balance and decrease risk of falls.

### Health Care Coverage

Nearly all older Americans have Medicare as their primary source of health insurance coverage. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. Many beneficiaries have supplemental insurance to fill these gaps and to pay for services not covered by Medicare.

**According to the Centers for Medicare and Medicaid services, as of July 2012 Morrow county had 1,593 aged individuals enrolled in Medicare Hospital Insurance (Part A) and 1,471 enrolled in Supplemental Medical Insurance (Part B).**

## Older Adult Continued

### Living Arrangements

Most older Americans live independently in traditional communities. Others live in licensed long-term care facilities, and some live in their communities and have access to various services through their place of residence. Such services may include meal preparation, laundry and cleaning services, and help with medications. Availability of such services through the place of residence may help older Americans maintain their independence and avoid institutionalization.

As the proportion of the older population residing in long-term care facilities has declined, the use of community-based services, personal assistance and/or special equipment among those with limitations has increased. This assistance helps older people living in the community maintain their independence.

### Veterans

The number of veterans age 65 and over who receive health care from the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), has been steadily increasing. This increase may be because VHA fills important gaps in older veterans' health care needs not currently covered or fully covered by Medicare such as long-term care (nursing home care for eligible veterans and community-based care for all enrolled veterans) and specialized services for the disabled, including acute mental health services. In addition, as the largest integrated health care system in the country, VHA provides broad geographic access to these important services in rural and highly rural communities.

The large increase in the oldest segment of the veteran population will continue to have significant ramifications on the demand for health care services, particularly in the area of long-term care.

As of October 2014, there was an estimated 1,078 veteran's living in Morrow County.

Morrow County has one Primary Care Telehealth Outreach Clinic which is located in Boardman and was established by the Walla Walla Veterans Administration.

## Ethnic Diversity

According to the Oregon Commission on Hispanic Affairs Annual Report 2009, the number of Latinos residing in Oregon has increased dramatically in the last two decades, leading to increased diversity across the state, particularly visible in the public school system, in agricultural fields, and in urban workplaces.

**Sixty percent of the total population in the Boardman service area identified as Hispanic, and nearly 30% of the population in the Irrigon services area. Thirteen percent of the Oregon population identifies as Hispanic.**

**Thirty percent of the population in Boardman, greater than five years of age speaks English less than very well.**

Latino children and youth, taxpayers, and consumers—are a critical part of our future economic, social, and political prosperity. Latino families have much strength, including stability, youthfulness, a commitment to the wellbeing of their children, a strong work ethic, and an ability to develop cohesive communities. However, many Latino children also face unique and substantial challenges, and their circumstances can vary widely depending on their parents' countries of origin, education levels and English speaking proficiency.

Poverty levels in particular remain unacceptably high among Latino children: while 32 percent (44,280) of Latino children live in poor families in Oregon in 2008, it is projected that by 2030 that portion will rise to 44 percent if the trend remains constant

Having an immigrant parent can prevent children from accessing important benefits to which they are entitled, including education and health services. Nationally, more than three out of five (62%) Latino children live in families in which at least one parent is an immigrant, and more than one in ten lives in a mixed-status family with one parent who is U.S.-born and one parent who was born outside of the United States

High-quality early childhood education is a critical stepping stone in helping children succeed in school and become productive adults later in life. However, Latino children are underrepresented in early childhood education programs in our state. Moreover, teenagers who drop out of high school are at a severe disadvantage in terms of future employment opportunities and potential earnings, and Latino youth in Oregon are among the less likely to graduate from high school.

## Economically Disadvantaged

The Oregon Health Plan had 2,651 Morrow County participants enrolled September, 2013 - August 2014. Sixty percent of the enrollees were children from age 1-18, however 70 percent of the expenses incurred was for the 25-44 and 45-64 year-old age groups.

The greatest expenses by type of service were for inpatient (22%) and outpatient (17%) care. Primary care (8%), prescription drug (14%) and maternity costs (8%) were the majority of the remaining costs. Over 880 members did not utilize any health services during the reporting period, which would indicate that likely primary and preventive care services were not being sought.

Quarterly, the Local Community Advisory Council reviews data reporting on seventeen metrics utilized to assess the health status of OHP enrollees. The LCAC also reviews enrollment by program and costs incurred per member per month to identify and prioritize local needs and allocate resources to achieve better health, better health care quality and lower costs to the health system and community.

## HEALTH SERVICES

### Columbia River Community Health Services

The following primary care services are provided directly through Columbia River Community Health Services: family medicine, internal medicine, pediatrics, diagnostic laboratory, radiologic services, preventative health services, emergency medical services, and case management.

Prenatal care, labor and delivery for patients are provided by referral arrangement to two private OB/GYNs.

The 340B program is contracted through a local pharmacist who carries inventory and provides prescription drugs to patients eligible for a sliding fee discounted scale.

Mental health and substance abuse services are limited at the clinic, but formal arrangements have been made with a private counselor in Hermiston, who provides additional mental health and substance abuse counseling and treatment to patients eligible for a sliding fee discounted scale.

Oral health services are provided on a limited emergency basis at a private dentist's office by referral arrangement. Preventative dental care available on-site once a month for two days, which is open to everyone. That would also eliminate the patient transport for those services. The mobile dental van comes only once per month. Additionally, once per month a mobile dental van comes and provides emergent, restorative, and preventative services for low-income/uninsured patients.

Transportation and translation services are provided for all clinic patients.

### Community Counseling Services

Community Counseling Solutions (CCS) provides a full range of mental health, addictions, developmental disability and alcohol and drug prevention services. Services consist of a wide variety of behavioral health services to four counties in the state of Oregon, including individual, family, and group therapy, alcohol and drug treatment, 24/7 crisis intervention services, psychiatric consultation, and medication management, in addition to cooperation with various other organizations including residential and acute psychiatric services and school programs. Case management is offered for developmental disabilities in six counties.

The PATH International (Professional Association of Therapeutic Horsemanship) certified Equine Assisted Activities and Therapy program at Lakeview Heights is now in operation, which is a crucial step in caring for individuals with more severe challenges of mental illness in the community

CCS is also the official home of the David Romprey Oregon Warmline, a toll-free confidential telephone support service to all Oregonians.

## HEALTH SERVICES CONTINUED

### Morrow County Health District

Emergency Medical Services' personnel and ambulances reach every corner of the county from the mountains in the south to I-84 along the Columbia River, assisting anyone in need of emergent care. The EMS Department has ambulances stationed in Boardman, Irrigon, Heppner, and Ione with full-time staff in Boardman, Irrigon, and Heppner. The EMS Department boasts a total of 61 volunteers across the county including paramedics, EMT Intermediates and Basics, and 27 volunteer ambulance drivers. All EMS staff, paid and volunteer is part of a caring and dedicated team that is always ready to respond when needed.

The District's Pioneer Memorial Home Health and Hospice departments care for patients throughout Morrow and Gilliam counties, providing compassionate care to patients in their homes, as well as at care facilities throughout both counties. Services include direct patient care, IV therapy, monthly foot care clinics and rehabilitative programs, as well as training and support for family members and others who provide day-to-day care. The Hospice Department has over 30 trained volunteers who assist with services throughout the county.

Irrigon Medical Clinic specializes in family medicine for all ages. A physician assistant and a nurse practitioner provide primary care at the clinic. A physician also provides oversight at the clinic. Pioneer Memorial Clinic, located in Heppner, is staffed by three family physicians and a physician assistant. The clinic provides preventive and continuing care services for all ages.

Pioneer Memorial Hospital, located in Heppner, has a long history of providing care to area residents. The hospital's 24 hour Emergency Department is certified as a Level IV Trauma Center. The laboratory processes typical lab requests in-house and works with consulting laboratories for less common requests. The imaging department offers X-rays, CT scans, ultrasounds, and EKGs. In addition, colonoscopy, endoscopy, and infusion therapy procedures are available. The Swing-bed program provides skilled nursing care, post surgical rehabilitation and therapy, and long-term care services. Hospital rooms have recently been modernized to create a more comfortable atmosphere for patients and their families.

Willow Creek Terrace, also located in Heppner is a unique retirement lifestyle offering lovely surroundings and personal assistance to help maximize independence. Daily activities and staff interaction promote vitality, participation, socialization and a sense of purpose at this assisted living facility.

## HEALTH SERVICES CONTINUED

### Morrow County Public Health Department

MC Health Department provides a variety of services including: immunizations; family planning services and supplies; pregnancy testing, counseling and referral; prenatal care assistance; sexually transmitted disease (STD) screening and treatment; communicable disease investigation and control; tobacco prevention and education; maternal and child health education and supports, including evidence-based home visiting services (prenatal, newborn and special needs children); preparedness planning and education, blood pressure screening; car seat resources and education; and general health and chronic disease information and referral.

### Advantage Dental

Advantage Dental was founded in 1994 by a group of dentists concerned with the lack of access to dental care in rural Oregon. The model they created addressed this concern by providing service and access to care, along with dental leadership to communities in a sustainable, entrepreneurial and professional manner. Advantage Dental is geographically the largest dental care organization in the state of Oregon and numerically one of the largest. As of January 2015 Advantage Dental has over 320 owners; 35 Advantage Dental Clinics; 374 employees and over 1,290 contracted dentists in the network for PacificSource. Advantage Dental providers care for over 300,000 recipients with Medicaid coverage.

## CONCLUSION

This assessment included an expanded and slightly more comprehensive look at the local data, including information related to Oregon Health Plan enrollees affected by health care transformation. Overall however, the general population information has not changed significantly since the data was assessed and community input was solicited in 2010. The leading causes of death remain the same, and the behavioral issues contributing to good or poor health outcomes remain similar (overweight, tobacco use, preventive screenings and maternal health risk factors). Importantly however, there is recognition of the special populations that may require additional health planning and resources in the future.

The Community Health Improvement Partnership of Morrow County and Local Advisory Council - comprised of health and social service providers and community representatives - utilized collective professional experience and community knowledge to determine areas of need or conversely areas of satisfactory health and identified priorities for Morrow County: continue to improve communication with the community and improve communication and coordination among the health service providers, provide education, programs and services to promote healthy lifestyles and additionally attend to maternal and family health needs, youth mental health and alcohol/drug/tobacco use and the Morrow County Health District Board of Directors adopts the health assessment findings.



# Attachment 1

## Community Health Improvement Partnership of Morrow County Collaboration List July, 2010 – December, 2011

### Partnership Member

Blue Mountain Community College – Art Hill  
Boardman Chamber of Commerce – Diane Wolfe  
City of Boardman - Karen Pettigrew  
City of Irrigon – Gerald Breazeale  
Columbia River Community Health Services- Mindy Binder  
Community Action Program of East Central Oregon (CAPECO) - Karen Wagner  
Community Counseling Solutions Behavioral Health – Kimberly Lindsay  
Diana Ball, older adult representative  
Heppner All Saints Episcopal and Lutheran Churches - Katy Anderson  
Heppner Chamber of Commerce – Sheryll Bates  
Heppner United Methodist Church – Jonathan Enz  
Intermountain Educational Services District Emergency Management Program – Maria Duron  
Ione Community Agri-Business Organization - Betty Gray  
Ione Community Church – Stacy Shelton  
Ione School District – Jerry Archer  
Irrigon Chamber of Commerce – Christine Sorenson  
Jean Cassidy, Heppner resident  
Kelly Boyer, Lexington resident  
Morrow County Commission on Children and Families – Kim Carnine  
Morrow County Health District – Mike Blauer  
Morrow County Public Health Department – Sheree Smith  
Morrow County School District – George Mendoza  
Morrow County Sheriff's Office – Anne Alleman  
Morrow County Special Transportation – Ed Baker  
Morrow County Unified Recreation District – Cyde Estes  
Morrow County Veteran's Services - Linda Skendzel  
Oregon Office of Rural Health – Troy Soenen  
Patti Smith, resident of Heppner  
State of Oregon Self-sufficiency Program – Ivonne Lopez and Roberta Shimp  
Town of Lexington Council  
Umatilla Morrow County Head Start – Amy Hendrix  
Umatilla Morrow County Head Start Resource and Referral Program – Starla Halvorson

### **Medical Community Representative**

Betsy Anderson, physician  
Ed Berretta, physician  
John Adair, physician assistant  
Molly Rhea, RN  
Murray's Drug Pharmacy  
Robin Bredfield, RN  
Russ Nichols, physician  
Sheridan Tarnasky, physician assistant

### **Community Visioning**

Barb Huwe, Irrigon resident  
Boardman HealthMart and Pharmacy –Ray & Carol Michaels  
Boardman Lutheran Church - Paul Berthelot  
Boardman Parks and Recreation District – Ted Lieurance  
Boardman Senior Center – Marge Shankle  
Chet Phillips, Mayor of Boardman  
City of Heppner Council  
City of Ione Council  
City of Lexington Council  
John Murray, Morrow County Health District Board of Directors  
Ken Grieb, County Commissioner  
Leann Rea, County Commissioner  
Stokes Landing Senior Center – Jane Weston

### **Media Representative**

Heppner Gazette Times – Andrea DiSalvo  
North Morrow County Times – Lynn Pragg

### **Public Health Knowledge/Expertise**

Sheree Smith, RN, Morrow County Health Department Director, entered field of public health nursing over 20 years ago before assuming public health leadership.

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources.

**Local Community Advisory Council to  
the Eastern Oregon Coordinated Care Organization  
Collaboration List  
July, 2013 – June, 2015**

**Members**

Kim Carnine – Commission on Children and Families  
Diane Wolfe - Boardman Chamber of Commerce  
Karen Pettigrew - City of Boardman  
Aaron Palmquist - City of Irrigon  
Jean Brazell – Town of Lexington  
Michael Schaub - Columbia River Community Health Services  
Sheryll Bates - Heppner Chamber of Commerce  
John Murray - Murray's Drug Pharmacy  
Kimberly Lindsay – Community Counseling Solutions  
Don Eppenbach – Community Representative  
Donna Eppenbach - Community Representative  
Sarah Crane-Simpson - Ione School District  
Dan Grigg - Morrow County Health District  
Dirk Dirksen - Morrow County School District  
George Mendoza - Morrow County School District  
Morrow County Veteran's Services Linda Skendzel  
Dan Daltoso - Umatilla Morrow County Head Start  
Cathy Wamesley - Umatilla Morrow County Head Start  
Mary Lou Gutierrez - Umatilla Morrow County Head Start  
Erin Richards - Umatilla Morrow County Head Start  
Deanna Lambert – Advantage Dental  
Nicole Coe – Advantage Dental  
Maryann Wren – Advantage Dental  
Estella Gomez – Oregon Health Authority  
Roberta Shimp - Oregon Self Sufficiency Program  
Lolly Torres - Oregon Self Sufficiency Program  
Michelle Brunick - Oregon Self Sufficiency Program  
Nora Kramer – Oregon Child Development Coalition  
Heidi Ziegler – Oregon Department of Human Services  
David Brehaut – Department of Human Services – Aging and People With Disabilities  
Emerson Ong - Oregon Office of Rural Health  
Don Russell - Morrow County Commissioner  
Leanne Rea Morrow County Commissioner  
Terry Tallman Morrow County Judge  
Michelle Meissner – CARE Program  
Peggy Doherty – CARE Program  
Kelly Holland – Morrow County Primary Care Veteran's Telehealth Clinic  
Yvonne Morter – Morrow County Health Department  
Cheryl Tallman – Morrow County Health District Home Health and Hospice  
Amy Sandy – Consumer Member

### **Medical/Health Community Representative**

Betsy Anderson, physician

### **Community Focus Groups**

Clara Beas, Linda Ramirez, Brian Gonzalez, Jesus Pacheco, Linda Rocio-Ramirez, Barbara Hug, Daren Strong, Rod Osgood, Lynn Dee Ramos, Kelly Boyer, Theresa Crawford, Kim, Cutsforth, Sandra Johnson, Merilee McDowell, Joe Perry, Jill Parker, and Leann Rea.

### **Public Health Knowledge/Expertise**

Sheree Smith, RN, Morrow County Health Department Director, entered field of public health nursing over 20 years ago before assuming public health leadership.

Erin Anderson, RN, Healthy Families Program

Diane Kilkenny, RN, Healthy Families Program

Shelley Wight, Communicable Disease, Tobacco and Preparedness Program Manager

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources.

# Attachment 2 Data Source

COUNTY HEALTH INDICATOR	SOURCE	LOCATION
<b>DEMOGRAPHIC, SOCIO-ECONOMIC, EDUCATION, SAFETY AND RISKY BEHAVIOR</b>		
Total Population Estimate	OORH Community Profile #4	Nielson 2014 (U.S. Census Bureau and American Community Survey - based)
Population by Hispanic and City	"	Nielson 2014 (U.S. Census Bureau and American Community Survey - based)
Population by Gender	"	Nielson 2014 (U.S. Census Bureau and American Community Survey - based)
Population by Age	"	Nielson 2014 (U.S. Census Bureau and American Community Survey - based)
Population Age 18-64 With a Disability	OORH Community Profile #5	2008-2012 American Community Survey website, by Zipcode
Unemployment	OORH Community Profile #9	Oregon Employment Department, Unemployment Rates by County
Per Capita Income	OORH Community Profile #7	Bureau of Economic Analysis, Annual State Personal Income
Poverty Rate	OORH Community Profile #5	2008-2012 American Community Survey website, by Zipcode
Population Below 200% Poverty	OORH Community Profile #5	2008-2012 American Community Survey website, by Zipcode
Population < age 18 below poverty level	OORH Community Profile #5	2008-2012 American Community Survey website, by Zipcode
Free and Reduced Lunch	OORH Community Profile #11	State and County Figure: Oregon Department of Education, 2013-2014 School Year, Statistics and Reports, School Finance Data and Analysis, Reports, Students, by school. Local Figures: Morrow County and Lone School Districts
Population 25+ years of age w/o high school diploma	OORH Community Profile #5	<a href="http://www.census.gov/quickfacts/table/PST045214/00,41,41049">http://www.census.gov/quickfacts/table/PST045214/00,41,41049</a>
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	OORH Community Profile #5	<a href="http://www.census.gov/quickfacts/table/PST045214/00,41,41049">http://www.census.gov/quickfacts/table/PST045214/00,41,41049</a>
Number of juvenile arrests for person or property crimes and rate per 1,000 children ages 0-17.	Children First For Oregon Uniform Crime Reporting Program, Department of State Police	<a href="http://datacenter.kidscount.org/data/tables/2556-juvenile-arrests?loc=39&amp;loct=5#detailed/5/5343-5378/false/18,17,16,15/any/9859">http://datacenter.kidscount.org/data/tables/2556-juvenile-arrests?loc=39&amp;loct=5#detailed/5/5343-5378/false/18,17,16,15/any/9859</a>
Number of confirmed child victims of abuse or neglect (including Threat of Harm as of 2011) and rate per 1,000 children under age 18.	Oregon Department of Human Services, Division of Children, Adults and Families.	<a href="http://datacenter.kidscount.org/data/tables/2567-abuse-and-neglect-victims?loc=39&amp;loct=5#detailed/5/5343-5378/false/868,867,133,38,35/any/9861">http://datacenter.kidscount.org/data/tables/2567-abuse-and-neglect-victims?loc=39&amp;loct=5#detailed/5/5343-5378/false/868,867,133,38,35/any/9861</a>

<b>MORTALITY</b>		
Leading Causes of Death - Crude	OR Health Authority	County Data Book 2004-13
Age-adjusted Death Rate	OORH Community Profile #16	Oregon Department of Human Services; Office of Disease Prevention and Epidemiology; Center for Health Statistics (and Vital Records); Deaths by Age, County, and Zipcode (3-Year Aggregate). Denominator is current Claritas population.
Tobacco Related Deaths	OR Health Authority	<a href="https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/cfs_web_table_front.pdf">https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/cfs_web_table_front.pdf</a>
<b>MORBIDITY - CHRONIC CONDITIONS</b>		
Arthritis	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf">http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf</a>
High Blood Cholesterol	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf">http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf</a>
High Blood Pressure	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf">http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf</a>
Cancer	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/AR2010.aspx">http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/AR2010.aspx</a>
Diabetes	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_conditions.pdf</a>
	OR Health Authority	<a href="https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/AnnualReports/arpt2012/Documents/2012_disease-county.pdf">https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/AnnualReports/arpt2012/Documents/2012_disease-county.pdf</a>
<b>MORBIDITY - COMMUNICABLE DISEASE</b>		
STD	OR Health Authority	<a href="http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/STD/Pages/index.aspx">http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/STD/Pages/index.aspx</a>
	OR Health Authority	Oregon STD Fact Sheet: <a href="https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/facts.aspx">https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/facts.aspx</a>

HEALTH BEHAVIOR		
Obesity/Overweight	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_riskfactors.pdf">http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_riskfactors.pdf</a>
Colorectal Cancer Screening	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf</a>
Mammogram	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf</a>
5 Fruit and Vegetables	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf</a>
Cholesterol Screening Within Past 5 Years	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf</a>
Pap Within Past 3 years	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_screenings.pdf</a>
Tobacco Use	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_tobacco.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_tobacco.pdf</a>
Smokeless Tobacco Use by Males	OR Health Authority BRFSS	<a href="https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_tobacco.pdf">https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Documents/0811/ORCounty_tobacco.pdf</a>
Oral Health	Oregon Oral Health Coalition	<a href="http://www.orohc.org/sites/default/files/Strategic%20Plan%20for%20Oral%20Health%20in%20Oregon.rev_c.pdf">http://www.orohc.org/sites/default/files/Strategic%20Plan%20for%20Oral%20Health%20in%20Oregon.rev_c.pdf</a>
Alcohol and Drug Use	Oregon Health Authority	<a href="http://www.oregon.gov/oha/amh/sew/CountyReports/Morrow%20County%20-%20Epidemiological%20Data%20on%20Alcohol,%20Drugs%20and%20Mental%20Health%202000%20to%202012.pdf">http://www.oregon.gov/oha/amh/sew/CountyReports/Morrow%20County%20-%20Epidemiological%20Data%20on%20Alcohol,%20Drugs%20and%20Mental%20Health%202000%20to%202012.pdf</a>
Flu Shot	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx">http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx</a>
Pneumonia Vaccination	OR Health Authority BRFSS	<a href="http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/impnuNAA.pdf">http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/impnuNAA.pdf</a>

<b>MATERNAL AND CHILD HEALTH</b>		
Births	OORH Community Profile #14	Oregon Department of Human Services, Office of Disease Prevention and Epidemiology, Center for Health Statistics (and Vital Records) [by ZIP] Teen Births: 15-19
Low Birth Weight	OORH Community Profile #14	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table14.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table14.pdf</a>
Inadequate Prenatal Care	OORH Community Profile #14	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table08.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table08.pdf</a>
Teen Birth Rate (15-19)	OORH Community Profile #14	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table04.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table04.pdf</a> <a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/TeenPregnancy/Pages/index.aspx">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/TeenPregnancy/Pages/index.aspx</a>
Teen Pregnancy County (10-17)	OORH Community Profile #14	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table04.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table04.pdf</a> <a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/TeenPregnancy/Pages/index.aspx">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/TeenPregnancy/Pages/index.aspx</a>
Infant Breast Feeding	Oregon Health Authority	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Documents/Outcomes/2011-2013/MorrowChar1113.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Documents/Outcomes/2011-2013/MorrowChar1113.pdf</a>
Maternal Risk Factors	OR Health Authority	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table11.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table11.pdf</a>
Age 13-17 Adolescent Tdap Immunization	OR Health Authority	<a href="http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/RatesAdol.pdf">http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/RatesAdol.pdf</a>
Percentage of two-year-olds being up to date for their 4:3:1:3 immunization series.	OR Health Authority	<a href="http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/Morrow.pdf">http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/Morrow.pdf</a>
<b>SPECIAL</b>		
Oral Health	OR Health Authority	<a href="https://public.health.oregon.gov/PreventionWellness/oralhealth/Documents/smile-survey2012.pdf">https://public.health.oregon.gov/PreventionWellness/oralhealth/Documents/smile-survey2012.pdf</a>
Mental Health	OR Health Authority	Morrow County's epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012
	OR Health Authority	<a href="http://www.oregon.gov/oha/amh/strategicplandocs/OHA%208068%20Behavioral%20Health%20Strategic%20Plan-Final%20SP.pdf">http://www.oregon.gov/oha/amh/strategicplandocs/OHA%208068%20Behavioral%20Health%20Strategic%20Plan-Final%20SP.pdf</a>
Medicare	Center for Medicare and Medicaid Services	<a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/County2012.pdf">http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/Downloads/County2012.pdf</a>



Medicaid	Center for Medicare and Medicaid Services	<a href="http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/downloads/County2010.pdf">http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/downloads/County2010.pdf</a>
Payment of Birth Delivery	Oregon Health Authority	<a href="https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table12.pdf">https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2013/Documents/table12.pdf</a>
OHP Eligible	OORH Community Profiles #6	OHA Division of Medical Assistance Programs, September, 2014
SBIRT	EOCCO	Moda Health Analytics 2014 Report Card by County, 12/16/14
Follow-up Care for ADHD Prescribed Meds	"	"
Follow-up After Hospitalization for Mental Illness	"	"
Timeliness of Prenatal Care	"	"
ED Utilization	"	"
Colorectal Cancer Screening	"	"
Developmental Screening First 36 Months of Life	"	"
Adolescent Well Care Visit	"	"
Aging	Federal Interagency Forum on Aging	<a href="http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf">http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf</a>
Veterans	Oregon Department of Veterans Affairs	<a href="http://www.oregon.gov/odva/INFO/Pages/stats.aspx">http://www.oregon.gov/odva/INFO/Pages/stats.aspx</a>
	United States Department of Veterans Affairs	<a href="http://www.va.gov/vetdata/Veteran_Population.asp">http://www.va.gov/vetdata/Veteran_Population.asp</a>
Disability	Oregon Health Science University Office on Disability and Health	<a href="http://www.ohsu.edu/xd/research/centers-institutes/institute-on-development-and-disability/public-health-programs/upload/BRFSS_2014_Chartbook_FinalForWeb.pdf">http://www.ohsu.edu/xd/research/centers-institutes/institute-on-development-and-disability/public-health-programs/upload/BRFSS_2014_Chartbook_FinalForWeb.pdf</a>
Transportation	Morrow County	Community Focus Groups
	Eastern Oregon Coordinated Care Organization	<a href="http://www.eocco.com/pdfs/Morrow_HNA_Summary.pdf">http://www.eocco.com/pdfs/Morrow_HNA_Summary.pdf</a>
Student Wellness Survey	OR Health Authority Addictions and Mental Health Division	<a href="https://oregon.pridesurveys.com/dl.php?pdf=Morrow_Co_2012.pdf&amp;type=county">https://oregon.pridesurveys.com/dl.php?pdf=Morrow_Co_2012.pdf&amp;type=county</a>
Hispanic	OR Commission on Hispanic Affairs	<a href="http://www.oregon.gov/Hispanic/pdfs/ocha_annual_report2009.pdf">http://www.oregon.gov/Hispanic/pdfs/ocha_annual_report2009.pdf</a>
	Oregon Health Authority	Carol Cheney • Equity, Policy and Community Engagement Manager • <a href="mailto:carol.i.cheney@state.or.us">carol.i.cheney@state.or.us</a> • 971-673-2960
Environment		
Community Water Fluoridation	Centers for Disease Control and Prevention	<a href="https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx">https://nccd.cdc.gov/DOH_MWF/Default/WaterSystemList.aspx</a>

# Attachment 3

## Morrow County Key Informant Interviews – October, 2013

Thirty-one key informant interviews were reported. Not all interviewees answered all survey questions. The demographics of the respondent group are largely unknown or unreported to this writer. The respondents were all reported to be Hispanic. Twenty-nine (29) reside in the Boardman area and two reside in Irrigon.

**Key informant interviews are not a statistical sampling of the community.** This process gathers qualitative information – the “why” behind the “what.” While we want to provide an indication of how broadly perceptions, opinions and attitudes are held in the community, we are not concerned with specific numbers. The results are therefore reported using terms such as: *majority, many, some, few* and *one*. To assist the reader, these words are presented in *italic*.

The scale is compressed because of the small number of interviewees.

***These statements ARE NOT intended as statements of fact  
and to consider them as such would be erroneous.***

The interviewers followed a pre-determined question guide and the information presented in this report follows the guide’s format.

### Questions and Responses:

#### **What do you perceive as the most important health system (resource) problem facing your community?**

*Many* respondents noted issues related to the lack of providers, or lack of services, resulting in difficulty accessing care. *Some* people commented on the lack of specialists, including pediatric dental care. *Some* stated the most important health system problem was no or insufficient healthcare coverage.

#### **How should the health system (resource) problems be solved?**

*Some* respondents suggested there was the need for an urgent care clinic in Boardman, while a *few* believed the solution would be to bring in more providers and services. A *few* noted there needed to be insurance for everyone or a sliding fee scale. *One* comment was made about employers needing to provide health insurance benefits to employees.

#### **What do you see as the most important health problems facing your community?**

*Some* respondents noted diabetes and a different *few* stated obesity as the leading health problems. A *few* respondents were concerned about the flu which seemed to perhaps be a current concern. Beyond those comments the rest of the statements were singular.

### **How should the most important health problem be solved?**

The *majority* stated that education would help address health problems. A separate *few* stated they believed guidance and education from a care giver was the key to solving the problem. Another *few* believed the best education would be focused on an individual's specific disease. Specific statements from respondents included this range of responses:

- “Educate people more, especially the Latino community – they believe a lot of old wives tales and will not stray away from their beliefs, regardless of provider instructions and warnings.”
- “I think if people knew how to take care of themselves, they would do exactly that. I think I cook healthy food but my kids are overweight. WIC or the health department could offer nutrition and healthy cooking classes on the weekend. My husband and I work all week and are very tired when we get home. We only have weekends.”

Those *few* who stated the flu was a problem noted the best solution is immunizations.

### **Is your personal health provider in the local area?**

The *majority* stated yes. *Many* stated no. A *few* indicated they have no local provider and do not seek care because of the expense.

### **What are the perceptions of service providers in the local area?**

*Many* believed their care was accessible. *Some* stated it was high quality, affordable, and adequate. A *few* noted that they had no options due to lack of transportation.

### **If you do not go to a provider locally, where do you like to go for health services?**

*Some* travel to Hermiston for their primary care and if they are unable to get in to a local provider, a *few* stated they go to a bigger city or to Pendleton. Otherwise, their comments were singular responses with no pattern.

### **Why did you make that choice?**

A *few* went elsewhere because there were more appointment options available to them. The rest of the respondents choices were all single comments with no pattern.

## What is your perception of these other community health functions?

The primary theme of this section was the significant lack of recognition of services which do exist in northern Morrow County; in particular hospice and senior programs.

<b>Services</b> (service does exist in North Morrow County and indicated in yellow)	<b>COMMENTS:</b>
Adult Foster Care: (this is through DHS and it is unknown at this time if there are service providers in the north end of the county)	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available.
Alternative Providers: (Massage Therapists, Naturopath, Acupuncture, etc.)	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>Singular</i> states seemed to carry the theme of an interest in these kinds of providers if they were affordable.
<b>Ambulance Services</b>	<i>Some</i> stated the ambulance service was of high quality and accessible. <i>A few</i> noted that it was adequate, accessible, or they didn't know whether it existed. <i>One</i> comment was that there needed to be more Spanish speakers as ambulance crew.
Assisted Living Facilities:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>One</i> person noted they really needed a facility in the Boardman area.
<b>Children's Foster Care:</b>	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>One</i> person was aware of the service and stated they were very grateful for it. Another <i>singular</i> response was that parents needed more information on this.
Chiropractic:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available.
<b>Dietary Services:</b>  In addition to WIC, the Extension Service and Umatilla/Morrow Head Start offer cooking classes.	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>A few</i> noted the only options were WIC and Herbal Life!
<b>Dental:</b>	<i>Many</i> noted the dental services were accessible and <i>some</i> stated they were of high quality. <i>A few</i> stated they were adequate and affordable.
<b>Drug &amp; Alcohol prevention:</b>	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>A few</i> stated the prevention services were high quality and <i>one</i> person stated "this is a high risk area and this needs more emphasis."

Drug & Alcohol Substance abuse:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. A <i>few</i> noted there was AA available in the area.
Emergency Room	<i>Many</i> noted that people needed to travel to Hermiston for this service. <i>Some</i> stated there was a very long wait at the Hermiston ER and <i>one</i> stated they needed Spanish speaking staff in the ER.
Health Care for Children (including school-based programs):	<i>Some</i> knew the services at the school were not available to children, but a <i>few</i> others chose to interpret this as availability at the local clinic and they stated that was where they took their children.
Foot Care: (a podiatrist is available through Home Health)	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. Current availability does seem to be primarily for those who are in need of the services while being seen through Home Health.
Home Health:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. Of the <i>few</i> who knew about the service, they stated it was high quality.
Hospice:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. There were two very different <i>singular</i> comments: <i>one</i> stated a need for hospice and another stated "dislike for hospice agencies in general."
Hospital:	The <i>majority</i> recognized the closest hospital was in Hermiston but <i>one</i> stated that due to the growth in the community they believed it was time for a hospital in the north end of the county.
Medical Specialist:	<i>Many</i> clearly knew there were no specialists in Boardman, and a <i>few</i> stated that it was too far to travel to specialists and they needed some in Boardman.
Mental Health Services	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>Some</i> , who knew it existed, noted it was accessible. And a different <i>few</i> believed it to be high quality.
Nursing Home or Long Term Care Facility:	The <i>majority</i> know the service does not exist in Boardman, but <i>one</i> person noted a need.
Pharmacy:	<i>Many</i> stated the pharmacy was accessible and stated it was of high quality. A <i>few</i> stated it was adequate and had friendly staff. <i>Some</i> said it was affordable.
Prenatal Care: (Columbia River Community Health Services will contract with a prenatal provider and provide bus services to that provider, if needed.)	<i>Many</i> believed the service didn't exist in northern Morrow. The rest of the responses were widely divergent.

Preventive Care / Health Promotion:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. There was <i>one</i> statement that the Family Support Worker at Healthy Start was the only person providing them with information on how to prevent care. There were a <i>few</i> comments on the need for education and classes. <i>One</i> person believed the hospital should bring this into the community for them.
Public Health: (immunizations; family planning; etc.)	<i>Many</i> stated Public Health provided high quality and affordable care. A <i>few</i> stated it was accessible but <i>some</i> stated they needed to add hours to be open after 5 and others stated they needed to be open more days in the week.
Senior Programs (meals on wheels, transportation, nutrition centers, etc.):	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>One</i> apparent English reader stated they had signs all over Boardman but they had never been.
Teen Pregnancy prevention:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. <i>Many</i> stated there needed to be more education for teens and parents; this is a high risk group; services are unknown. <i>One</i> person poignantly noted they did not know help was available until they were already pregnant – there was no information at the schools.
Tobacco prevention:	The <i>majority</i> believed the service didn't exist in northern Morrow or they didn't know for sure that it was available. A <i>few</i> stated they knew there was a hotline.
Urgent Care:	A <i>few</i> noted the need for urgent care in this section as they had in the earlier section.
Vision:	<i>One</i> person stated a need for this service in the community.
Special Services You Need or Use:	<i>Singular</i> comments around specialty needs.
Other:	Widely scattered and <i>singular</i> comments about solutions, such as a recreation center to keep youth away from drugs, alcohol and gangs. Another <i>singular</i> comment on the need for medical equipment and supplies for long term recovery. <i>One</i> comment on lack of transportation.

**Attachment 4**  
**Morrow County Health District**  
**2015 Impact Strategies**

<b>Morrow County Priority</b>	<b>Morrow County Health District Strategy</b>	<b>Impact or Outcome Evaluation</b>
<p>1. Provide education and/or programs to promote healthy lifestyles and support improved maternal, child and family health</p>	<p>Contribute community health education articles to local news media</p> <p>Provide health information through the MCHD newsletter to every household in Morrow County</p> <p>Contingent upon Morrow County Public Health Department resources, sponsor in partnership Diabetes Care class</p> <p>Provide courtesy healthy foot care clinics</p> <p>Contingent upon availability, pursue contract services with a certified diabetes educator</p> <p>Provide free community blood pressure testing</p> <p>Provide free sports physicals for student athletes</p> <p>Provide trauma nurse “Talk Tough” sessions in all Morrow County schools</p> <p>Contingent upon funding, support the offering of “Cooking Matters” - a consumer nutrition program</p> <p>Contingent upon resources, support the offering of “Living Well Morrow County” - a chronic disease self-management program</p>	

<b>Morrow County Priority</b>	<b>Morrow County Health District Strategy</b>	<b>Impact or Outcome Evaluation</b>
<p>1. Provide education and/or programs to promote healthy lifestyles and support improved maternal, child and family health cont.</p> <p>2. Improve communication and coordination among health organizations, and improve communication between health care providers and the community</p>	<p>Provide liability insurance coverage for community fitness classes</p> <p>Collaborate with other health organizations serving Morrow County to strengthen “CARE Program” to serve women, children and families – wraparound services</p> <p>Serve as the medical sponsor to develop a student/community health center working in collaboration with the Morrow County Public Health Department, local dental and behavioral health providers and Ione Community School to plan and provide services to Ione Community School students and the city of Ione</p> <p>Serve as appointed member of Local Community Advisory Council to Eastern Oregon Coordinated Care Organization and founding member of Community Health Improvement Partnership to share information and coordinate county-wide services and programs</p> <p>Collaborate with other health organizations serving Morrow County to strengthen “CARE Program” to serve women, children and families – wraparound services Maintain up-to-date website</p> <p>Provide Patient Centered Primary Care Home in Primary Medical Care Clinics</p>	



<b>Morrow County Priority</b>	<b>Morrow County Health District Strategy</b>	<b>Impact or Outcome Evaluation</b>
<p>2. Improve communication and coordination among health organizations, and improve communication between health care providers and the community cont.</p> <p>Youth mental health</p> <p>Alcohol/tobacco/drug use</p>	<p>Contingent upon available resources, sponsor Diabetes Care class in partnership with Morrow County Public Health Department</p> <p>Contribute community health education articles to local news media</p> <p>Provide health information through the MCHD newsletter to every household in Morrow County</p> <p>Provide information about MCHD services including: Facebook, billboards in each town, service description brochures in waiting rooms</p> <p>As mental health and some alcohol and drug treatment services are outside the scope of services for the MCHD, the District will continue to provide referral and collaborate with the local behavioral health care provider which is the lead agency providing services to the community</p> <p>MCHD physicians provide “Tar Wars” instruction to school-age children</p>	