

MORROW COUNTY HEALTH ASSESSMENT

2018



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Executive Summary

The Community Health Improvement Partnership (CHIP) of Morrow County, consisting of local primary and acute care providers and public and behavioral health organizations, convened to form a rural health network and worked collaboratively to conduct a community-driven health needs assessment of the entire county beginning in 2010. 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, the Morrow County Court appointed members to serve on the Local Community Advisory Council (LCAC) to the Eastern Oregon Coordinated Care Organization in 2013. This council is comprised of members of the CHIP, additional community members, representatives of early childhood development and education and oral health. The LCAC compliments and supports the CHIP mission and also examines the specific needs of people served by coordinated care. See Attachment 1.

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 originally served as the community coordinator in cooperation with the Oregon Office of Rural Health.

The 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 an overly burdensome financial cost. The findings are reported in the 2012 and 2015 Morrow County Community Health Assessments.

2018 Health Assessment

Secondary data was collected, reviewed and reported. In addition to the customary health status data, an intentional effort was directed at reporting the social determinants of health (education, employment, housing, transportation, food availability and safety) impacting Morrow County residents and gathering of additional data and information on special populations.

Two community forums were also convened: “Lunch with Seniors,” at the Stoke’s Landing senior meal site in Irrigon, to solicit input on the selection of community priorities and needed services or programs and “Dining and Discussion” in Ione with representation from Hispanic members of the community to help assess strengths, assets and needed resources to help individuals and families achieve a greater level of health. See Attachment 2 and 3.

A presentation of data was made to the joint Eastern Oregon Coordinated Care Organization Community Advisory Council (CAC) and Community Health Improvement Partnership to solicit comments and select priorities.

CONCLUSION

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 input to reconsider the areas of need or conversely areas of satisfactory health. This assessment included an expanded and more comprehensive look at local data. Overall, the general population health status of the population has not changed significantly since the data was assessed and community input was solicited in 2010-12. 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 additional health planning and resources that special populations will require in the near and distant future and acknowledgement that there are areas where addressing social determinants could also improve health.

2018 priority areas identified: 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 through EOCCO and Community Advisory Council address maternal and family health needs, youth mental health, alcohol/drug/tobacco use, oral health and chronic disease (specifically obesity).

Throughout 2018-19, the CAC will be reviewing information specific to the Oregon Health Plan participants and input received via focus groups to consider adjustments to the local planning efforts and incorporation into the plan in 2019.

INTRODUCTION

The Community Health Improvement Partnership (CHIP) of Morrow County, consisting of local primary and acute care providers and public and behavioral health organizations, convened to form a rural health network and worked collaboratively to conduct a community-driven health needs assessment of the entire county beginning in 2010. 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. The findings are reported in the 2012 and 2015 Morrow County Community Health Assessments.

Subsequently, 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 and community conduct community health assessments. In 2018, local health status information, special populations (Oregon Health Plan enrollees, students, older adults, veterans and Hispanic people) and social determinants affecting health were examined.

GEOGRAPHIC DESCRIPTION

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, and a school-based/community health center in Ione.

Local 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.¹

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. Hermiston is the nearest access to obstetrical/prenatal care.

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 service area was defined by geography of the county and the original 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 and supported by the Oregon Office of Rural Health. This process is extremely beneficial as it grants the community the ability to identify local needs and plan strategically to address them utilizing a cost-effective strategy.

The following the priorities for health resources and health status were established at the first county-wide community visioning meeting (2010-12):

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 specialists.

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 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.

2015 Health Assessment

The majority of 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 the regional health planning, each of the twelve counties served by EOCCO 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 2015, the Morrow County Local Community Advisory Council, in concert the Community Health Improvement Partnership (CHIP) of Morrow County 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 EOCCO. 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 explored 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 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, were selected as a secondary focus: 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 report detailed the information which supported 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.

2018 Health Assessment

Secondary data was collected, reviewed and reported. In addition to the customary health status data, an intentional effort was directed at reporting the social determinants of health (education, employment, housing, transportation, food availability and safety) impacting Morrow County residents and gathering of additional data and information on special populations.

Two community forums were also convened: “Lunch with Seniors,” at the Stoke’s Landing senior meal site in Irrigon, to solicit input on the selection of community priorities and needed services or programs and “Dining and Discussion” in Ione with representation from Hispanic members of the community to help assess strengths, assets and needed resources to help individuals and families achieve a greater level of health. See Attachment 2 and 3.

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DATA AND INFORMATION

Demographic and Socio-economic

The U.S. Census Bureau 2016 estimate of the county population is 11,274;² with continued increasing growth occurring at the north end of the county. This area of the county has also experienced growth of the Hispanic population - approximately 65% of the population identified as Hispanic origin compared to Irrigon (29%), Heppner (9.2%) and the state's 13 percent.³

Morrow County per capita income is less than the state and national average⁴. The unemployment rate is similar to state and national rates (about 5%).⁵ The percent of the population living below poverty is similar to the state's 15%. The population living below 200% percent of the federal poverty level in Boardman is 45% and Irrigon (38%) which are greater than the state's (35%). For children below the age of 18, Boardman (32%) has a higher rate of poverty than other service areas; Heppner reports (15%) Irrigon (17%) and Oregon (23%).⁶

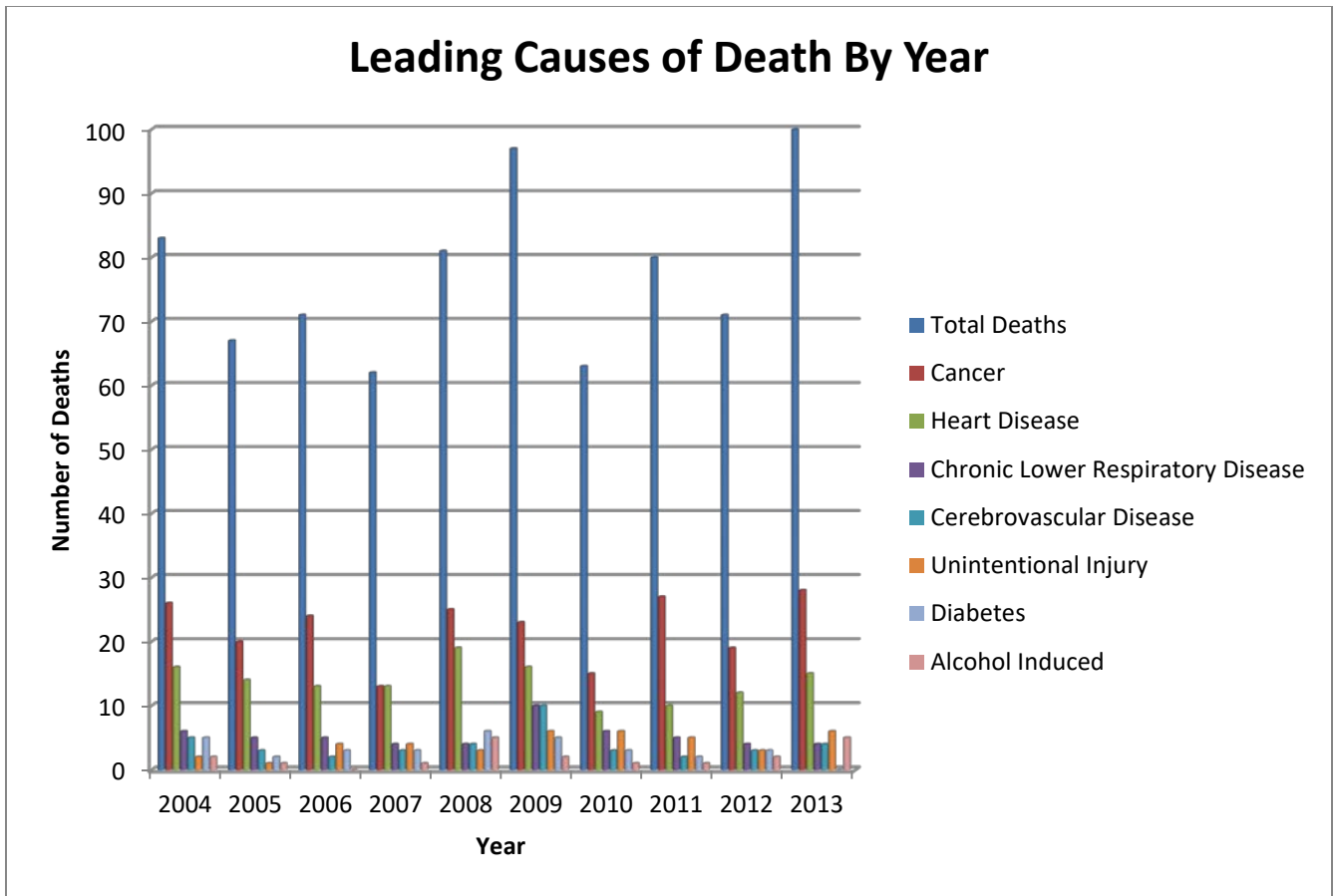
Between 36-100% percent (an average of nearly 79% of the students in Morrow County schools) are enrolled in the free and reduced school lunch program.⁷ Forty-five percent of students attending Ione School District are enrolled.

Over thirty percent of the population older than 5 years of age, speaks English less than very well in Boardman (Oregon 6%). Nearly thirty-nine percent of this geographic area does not have a high school diploma (Oregon 10%)⁸.

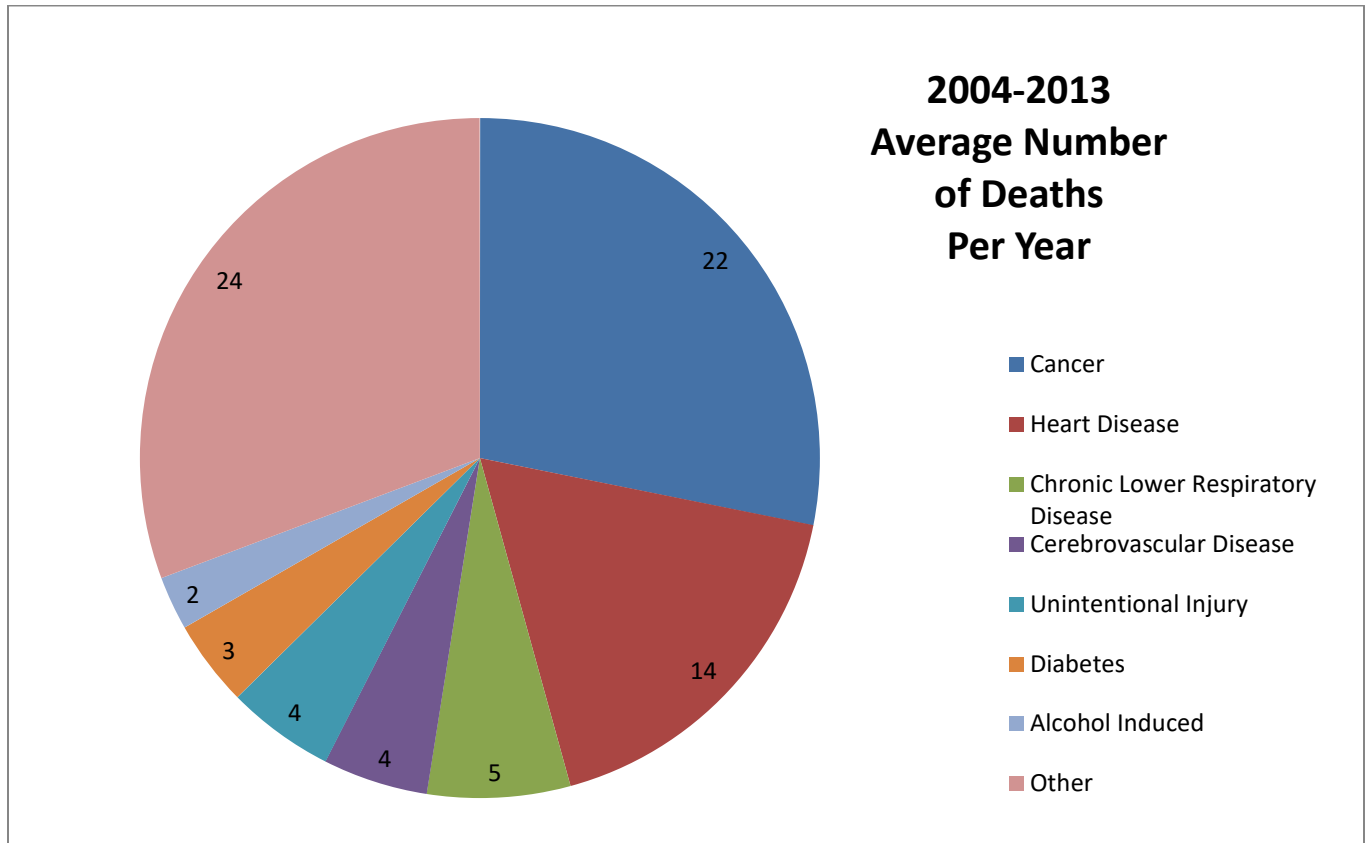
In all of Morrow County, nearly 10% of adults over the age of twenty-five have a bachelor's degree or higher⁹.

POPULATION HEALTH

Mortality



Mortality Continued



Adjusted Death Rate

The 2009-2015 age-adjusted death rate for Morrow County is 698.5/100,000, which is below the state rate 720.3/100,000.¹⁰

Age-adjusted death rate is a standardized measure of deaths that allows for communities with different age structures to be compared. The potential confounding effect of age is reduced when comparing age-adjusted rates as opposed to crude death rates.

There is no significant difference between the Morrow County population age-adjusted death rates for cancer, heart disease, chronic lower respiratory disease and cerebrovascular disease and unintentional injury and the state rates.¹¹

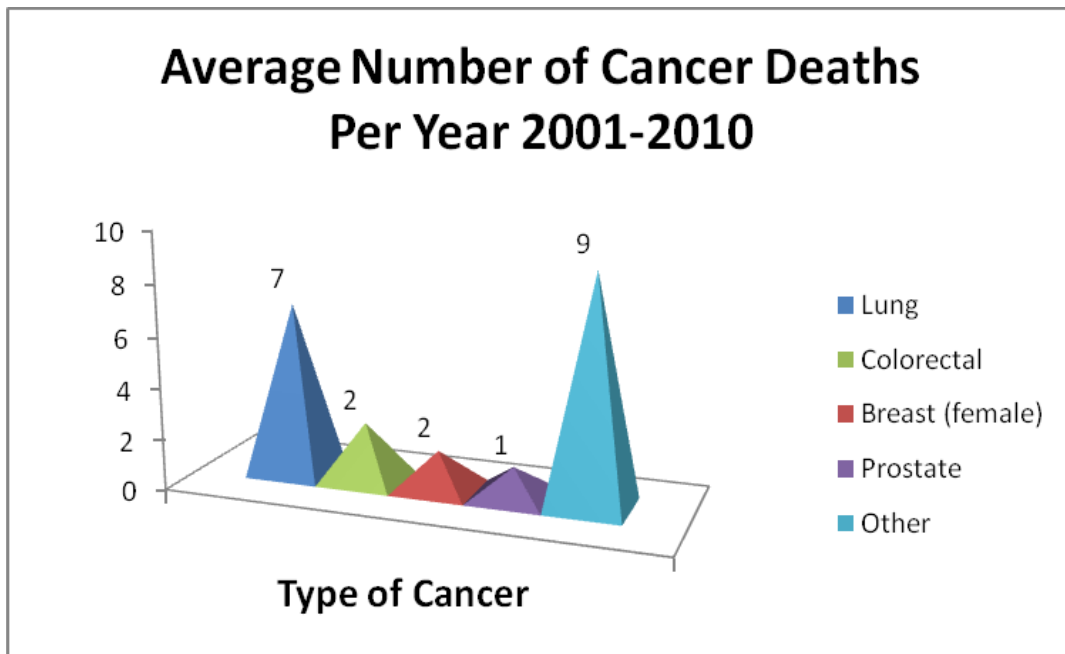
The age-adjusted suicide death rate is 7.6/100,000 which IS significantly LOWER than the state rate (17.2/100,000).¹²

Tobacco-Related Deaths

There were 77 deaths in Morrow County in 2016; twenty-six of these deaths were linked to tobacco.¹³

Cancer Deaths

Cancer is a common disease that has no single cause or simple cure and was the leading cause of death in Oregon and Morrow County for the period of 2009-2015. The mortality rate (ratio of people dying from cancers) for Morrow County was 173.5/100,000; Oregon’s rate was 167.6/100,000.¹⁴ Essentially, the lifetime risk of developing or dying from cancer is one out of three in the United States.



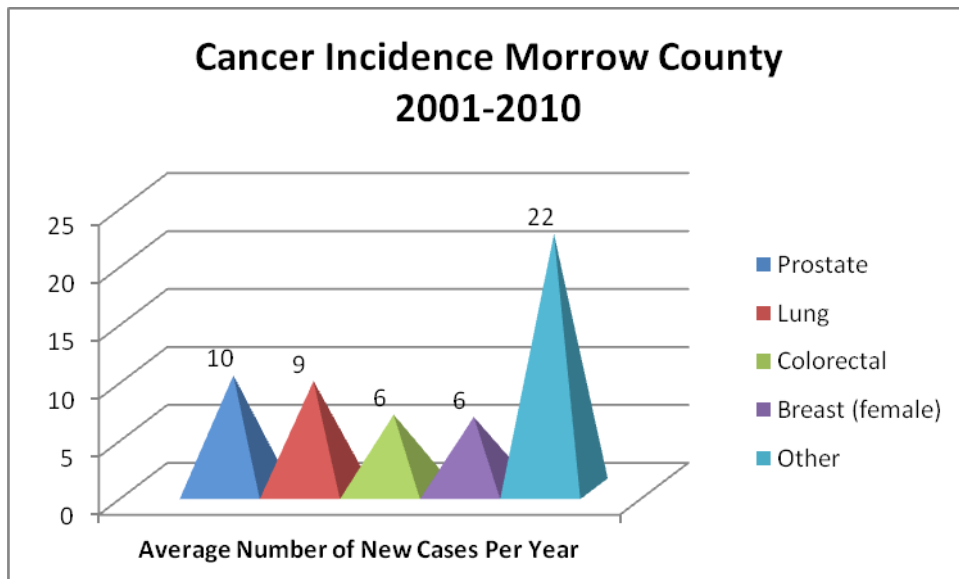
Morbidity (Chronic Conditions)

Cancer Diagnosis

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.

The incidence rate (number of newly diagnosed cases) trended down slightly from 2001-2005 to 2006-2010. But, this reporting should be examined further as data becomes available as this may be due to random chance or even possibly demographic changes and other factors that could influence the trend.



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

One or More Chronic Disease

For the period 2012-2015, an upward trend was observed. Fifty-six percent of the Morrow county population is estimated to have more than one chronic disease, compared to 48.5% (2010-2013).¹⁵ This is an unadjusted age rate and so compares to Morrow County rates only!

Diabetes

This estimated burden of disease for adults in Morrow County (2013) was 11%, up from 6.5% (2004).¹⁶ This is one of the higher rates in the state of Oregon. In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the American population has aged and become more overweight or obese.

Arthritis

For the periods 2010-13 and 2012-15, about 30% of adults in Morrow County were estimated to have some form of arthritis. When examining with an adjustment for age to compare with statewide numbers, there is not a difference.¹⁷

Morbidity (Chronic Conditions) Continued

High Blood Pressure

An increasing trend from 31% (2010-13) to 52% (2012-15) has been observed, which is nearly double the state age-adjusted rate of 28%.¹⁸

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, stroke, cardiovascular, COPD, CHD 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.

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

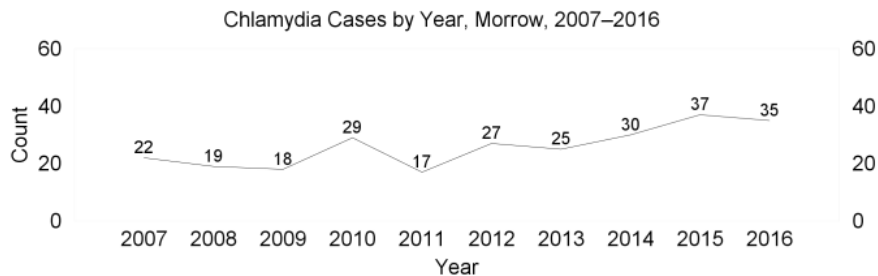
- **High Blood Pressure**
- **High Cholesterol**
- **Cigarette Smoking**
- **Diabetes Control**
- **Poor Diet and Physical Activity**
- **Overweight/Obesity**

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

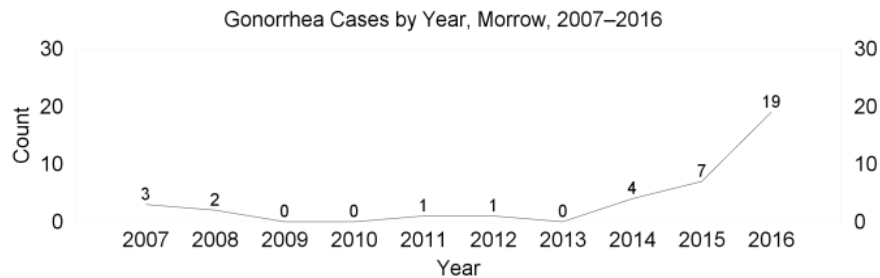
Morbidity (Communicable Disease)

Sexually Transmitted Disease

Chlamydia is the most common reportable disease in Oregon and a major cause of infertility. In Morrow County over the past ten years the average number of cases diagnosed was 26 per year and has been increasing. Eighty percent of cases were males ages 20-24 and 25-34. Over 65% of reported cases were women age 15-19 and 20-24.¹⁹ Oregon law requires health care providers and laboratories to report Chlamydia cases to the local health department.



In 2007-2016, Morrow County saw a 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.²⁰



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.

Morbidity (Communicable Disease)

Sexually Transmitted Disease

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.

**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.**

Health Behaviors

High Cholesterol

For the period 2012-15, Morrow County lagged behind the state rate for preventive cholesterol screenings (Morrow County 66%, Oregon 73%).²¹

Tobacco Use

According to Behavioral Risk Factor Surveillance data, there are approximately 1,700 adult smokers/smokeless tobacco users in Morrow County.²²

Smokeless Tobacco by Males

The Oregon Health Authority reports 13% of adults in Morrow County were users of smokeless tobacco products. This figure may be statistically unreliable, but the perception by community members and public health program managers is that this figure is likely near accurate. The state usage rate is eight percent.²³

Health Behaviors Continued

Overweight/Obesity

Obesity is a major risk factor for the development of 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.

From 2012-2015, in Morrow County, the burden of obesity is obvious; over thirty-two percent of residents are obese, which is the equivalent of 2,900 people!²⁴

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.

One or More Risk Factors

It is estimated that 7,400 people in Morrow County (2012-2015) exhibit one or more risk factors for developing a chronic disease (current cigarette smoking, current smokeless tobacco user, high blood pressure, high blood cholesterol, no physical activity outside of work within past month or obese).²⁵

Colorectal Screening

Just over 56% of people (50-75 years of age) in Morrow County received timely colorectal screening. Oregonians comply at nearly 65% (2012-15).²⁶

Mammogram

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

Health Behaviors Continued

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.²⁷

Pap Screen Within Past 3 Years

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

Flu Shot and Pneumonia Vaccination

Adequate adult information is not available.

Maternal and Child Health

On average, 168 births per year occurred from 2014-2016 in Morrow County. Thirty-eight of the 503 total births were low birth weight (< 2,499 grams) babies.²⁸ For the period 2009-2013 and 2011-2015, the rate of low birthweight babies born was not significant different than the state rate.²⁹

Over nine percent of mothers (n=48) did not receive adequate prenatal care (less than 5 prenatal care visits or began care in third trimester).³⁰

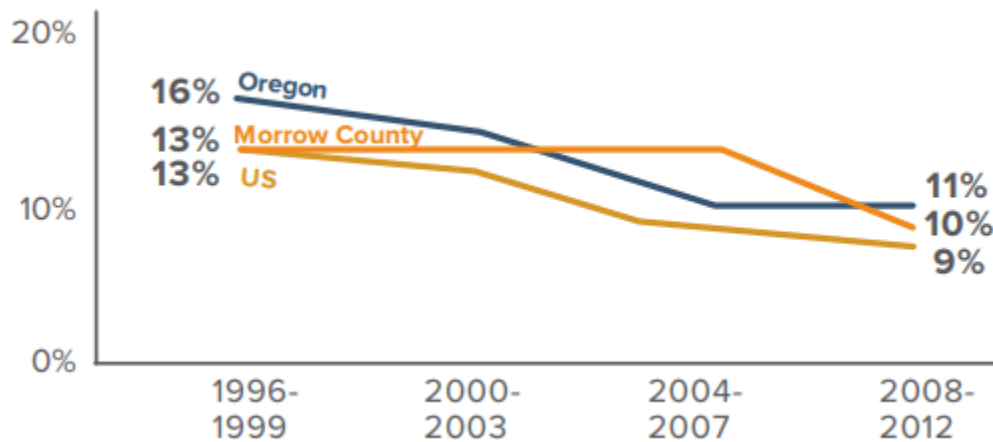
First Trimester Care is defined as care beginning in the first 12 weeks of pregnancy, regardless of the number of prenatal care visits. It has been adopted as an Oregon benchmark with a goal that at least 90% of women begin care at that time. The data table below compare county to state levels. Morrow County is significantly lower than the state.³¹

	Morrow County	Oregon	Oregon Goal
2009-2013	59%	75%	90%
2011-2015	62%	77%	90%

Maternal and Child Health Continued

Approximately 10% of births are at risk due to the mother's use of tobacco during pregnancy. Cigarette smoking among pregnant women in Morrow County is about the same as Oregon overall and the rest of the U.S.³²

Cigarette Smoking Among Pregnant Women



Over ten percent of births were to mothers with less than an 8th grade education.³³

Fifty-five percent of births were paid by Medicaid/OHP.³⁴

The teen pregnancy rate is not significantly different from the state rate.³⁵ However, from 2014-16, there were 14 teen pregnancies (ages 10-17) and 7 were to Hispanic mothers.³⁶

There were 31 induced abortions 2014-16. Twenty-two women reported not using contraceptive!³⁷

Maternal risk factors of concern in Morrow County: inadequate prenatal care, being a member of a minority/ethnic population, age, having four or more live births, having less than 12 years of education and being unmarried.³⁸

Maternal and Child Health Continued

Immunizations

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.

Rates of being up to date for the immunization series of DTaP, IPV, MMR, Hib, Hep B, and Varicella varied from between 69% and 74% for two-year-old children in Morrow County (2014 – 17).³⁹

Ninety-three percent of adolescents were up to date on the Tdap (Tetanus, Diphtheria, and Pertussis Vaccination). Over 95% rate was achieved for Measles, Mumps and Rubella; just over 70% Meningococcal.

Twenty percent of adolescents age 13-17 years old received Influenza shots 2016-17 season.⁴⁰

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.

Oral Health

Improving oral health is one of seven of Oregon's health priorities indicated in the Oregon Health Improvement Plan, 2015-2019 as it is an integral part of overall health and well-being across the lifespan. The following information is identified in the oral health section of the plan.⁴¹

Oral diseases affect what we eat, how we communicate, the way we look, our ability to learn and how we feel about ourselves. Despite being a preventable disease, tooth decay is the most common chronic disease affecting U.S. children and teens. The 2012 Oregon Health Authority's Smile Survey indicated 58% of third graders have experienced tooth decay in a ten county north east Oregon region. The survey, conducted every five years, assesses the oral health of first, second and third graders attending Oregon elementary schools through oral health screenings. The CHIP is awaiting the 2017 Oregon Smile Survey findings.

Having a healthy mouth is an important part of overall health and is especially important to child development. The burden of tooth decay or early childhood caries in young children is a significant public health concern and causes needless pain and suffering for many children. Dental decay is the most common chronic disease of children aged 6 to 11 years and adolescents aged 12 to 19 years. Tooth decay is four times more common than asthma among adolescents aged 14 to 17 years. Poor oral health among children affects speech, nutrition, growth, social development and the ability to learn. Children with poor oral health have worse academic performance and are nearly three times more likely to miss school as a result of dental pain.

Additionally, most adults suffer from some degree of oral disease. Thirty-one percent of Oregonians aged 33 to 44 had lost teeth; 19.9% of older adults had lost six or more teeth.⁴² Only two-thirds (66.9%) of Oregon adults visit the dentist at least once a year. This can lead to costly hospital emergency care. The number of dental-related emergency visits by Oregon's Medicaid enrollees in 2010 was 31% higher than in 2008. Hospital care for a Medicaid enrollee costs nearly 10 times more than preventive care in a regular dental office.⁴³

Recent studies show there may be a link between oral health and other chronic diseases. Dental decay in childhood has been linked to increased risk for future decay, and chronic oral infections are associated with an array of other health problems such as heart disease, diabetes and unfavorable pregnancy outcomes. Among pregnant women, oral infections can increase the risks for premature delivery and low birth weight babies. Lifelong access to timely preventive dental care can reduce health care costs, but a high percentage of Oregonians are not currently receiving timely preventive care.

Oral Health Continued

In Morrow County, Advantage Dental provides community dental services in addition to regular clinic care, including screening, prophylactic sealants and fluoride treatments to school age and pre-school children. Services are also provided to all ages in a variety of settings that include WIC and health fair type events and could include application of sealants, antiseptic, silver fluoride arrest or prevent, nutrition counseling, oral hygiene instruction or protective restoration.

Anecdotal scenarios have been observed and reported by Advantage Dental oral health care providers:

- 1) Adults who have not received regular dental care in the past, tend to wait until they have a dental issue (i.e. pain) before seeking care.
- 2) There is still a perception that dental care is unsafe during pregnancy, which is not accurate. It is important for women to seek dental care before and during pregnancy.
- 3) Dental anxiety often prevents members from seeking preventive care.

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

Antiseptic (Iodine) kills bacteria that cause cavities. When applied before the fluoride coating, it prevents many more cavities than just the fluoride coating alone.

Silver Fluoride Arrest is applied when teeth are missing tooth structure.

Silver Fluoride Prevent is applied for moderate risk patients to prevent future decay.

Behavioral Health

Substance use and behavioral health disorders impact families, schools, workplaces and the community. They can cause long-term health problems; lead to premature death; and contribute to injuries, abuse and violence, financial difficulty, lost wages, homelessness and lost opportunity.

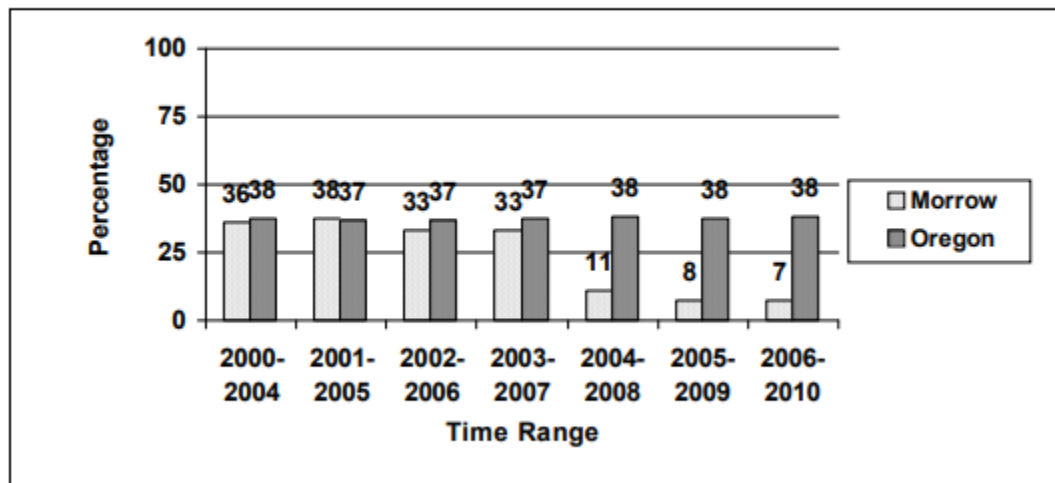
Identifying difficulties which are early signs and symptoms of adverse substance use and behavioral health outcomes and preventing those symptoms, increases the chances of an individual to live a healthy life. Among adults reporting a mental or substance use disorder in their lifetime, more than half report the onset occurred in childhood or adolescence. As a result, it is important, that children reach the milestones that are the markers of healthy development. Even from early ages social, emotional, cognitive, and other skills help young people grow into healthy adults. Successful development in childhood, adolescence and early adulthood is critical to preventing substance use and mental health disorders.⁴⁴

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. A slightly lower rate was reported for drug induced deaths 11/100,000 Morrow County and 14/100,000 – Oregon.

Percent of Motor Vehicle Fatalities that Involve Alcohol

All Ages



Data Source: Fatality Analysis Reporting System

45

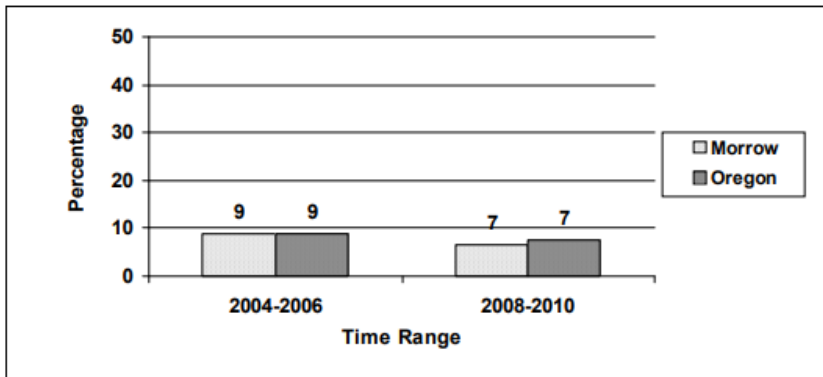
Behavioral Health Continued

Mental Health Conditions

According to the Oregon Health Authority, Behavioral Health Profile, 2015 for Morrow County, 36% of adults (age 26+) enrolled in the Medicaid program have a mild to moderate mental health condition. This is higher than the state rate (28%). Thirty-nine percent of children under age 12 and 46% of youth age 12-17 also suffer with a mental health condition, both higher than state rates.⁴⁶

Major depressive episode (MDE) is defined as a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four of the seven additional symptoms reflecting the criteria for major depressive disorder as described in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

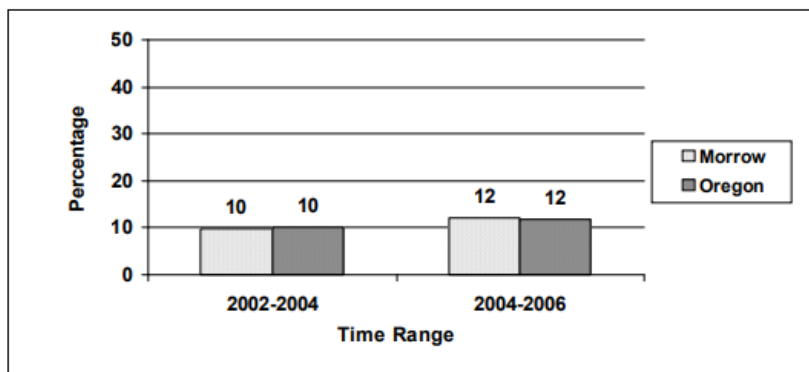
Percent of Persons Who Had a Major Depressive Episode in the Past Year
Adults, 18 or older



Data Source: National Survey on Drug Use and Health

Persons identified with past-year serious mental illness.

Percent of Persons With Serious Psychological Distress in the Past Year
Adults, 18 or older



Data Source: National Survey on Drug Use and Health

Behavioral Health Continued

Services

Local mental health authorities are typically composed of the local Board of 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.

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, 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. Additional data will become available in 2019.

Social Determinants of Health

Transportation

Demographic and socioeconomic conditions are strong indicators of the propensity for transit use. Human services transportation with a focus on older adults, persons with disabilities, and low-income populations are specific population segments that are considerably more likely to utilize transit for their transportation needs.

In Morrow County, the land area is large and the population is widely dispersed, which makes planning and delivering service challenging for transit providers. Morrow County houses a high percentage of people with disabilities compared to the state overall, with a significant portion living in Heppner.

Heppner (22%), Lexington (21%) and Ione (20%) have high percentages of older adults.

The towns of Boardman (39%), Heppner (38%), and Irrigon (34%) are home to a high percent of low-income households.

There are nearly 4,000 people living in unincorporated areas of Morrow County; approximately 20% of that population is an older adult and 20% suffers from a disability.

Vulnerable Populations in Morrow County, 2013⁴⁸

Place		Total Population	% of County	Older Adult Population	Low-Income Population	Population with Disabilities
Census Designated Places	Boardman	3,271	29%	7%	39%	7%
	Heppner	1,370	12%	22%	38%	24%
	Ione	324	3%	20%	8%	13%
	Irrigon	2,081	19%	9%	34%	15%
	Lexington	248	2%	21%	13%	16%
Census Designated Places Total		7,294	65%	12%	35%	12%
Unincorporated Morrow County		3,924	35%	21%	16%	19%
Morrow County		11,218	-	13%	28%	21%
Oregon		3,868,721	-	14%	26%	16%
United States		311,536,594	-	13%	25%	12%

Source: U.S. Census Bureau, 2009-13 American Community Survey 5-year Estimates

As baby boomers across the country age, the population of older adults will increase substantially over current levels. A population increase in this demographic will lead to an increased reliance on mobility services throughout sparsely populated areas. Older adults utilizing Medicaid will need approved options for transportation, from a market that will likely be under-populated with providers.

Transportation Continued

Local

The Loop is a dial-a-ride program coordinated by a transportation coordinator, housed within Morrow County government and utilizes 11 volunteer drivers to staff the service. It is recognized by local programs and officials that recruiting volunteers will likely become increasingly more and more problematic.

Kayak Public Transit provides public transportation serving southeastern Washington and northeastern Oregon via fixed-route, ADA Paratransit, and a voucher-based taxi system. The service is operated by the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). Available service in Morrow County includes one fixed-route (buses running on a set schedule with set pick-up and drop-off points) serving Irrigon.

Blue Mountain Inter-Regional Transit Association (BIRTA) is comprised of rural transportation providers in Umatilla and Morrow Counties that provide fixed route (public bus) and dial-a-ride (taxi/shuttle van) services.

Client-Based Transportation Service

Columbia River Health, a Federally Qualified Health Center located in Boardman, provides medical services to Boardman, Irrigon and surrounding areas with an emphasis on engaging migrant/seasonal farm workers, refugees and low-income populations. Clients without access to other transportation are provided nonemergent rides to/from medical appointments. Rides must be scheduled with the clinic on a case-by-case basis.

Several transportation services in Morrow County are privately provided to specific clients. Good Shepherd Health Care System operates a transportation service called the Care Van, which will transport patients from Irrigon, and Boardman to appointments at Good Shepherd's medical campus in Hermiston. Rides are dispatched by a volunteer at Good Shepherd and are only available for clients of Good Shepherd.

CAPECO is a non-profit organization which provides service to a mix of clients including Medicaid recipients, older adults, and the general public.

Safe T Transport is a for-profit transportation provider with occasional trips to Boardman, Irrigon.

Non-emergency medical transportation for Medicaid patients is brokered through Greater Oregon Behavioral Health, Inc. Morrow County does not have a public transportation Medicaid provider network based in the county.⁴⁹

Education

The Oregon Department of Education (ODE) released high school graduation rates and students in the Morrow County School District who graduated in the 2016-2017 school year have a four-year cohort rate of 77.84%. The four-year cohort rate means students who earned their diplomas within four years of high school. For the three high schools in the Morrow County School District – Boardman, Heppner and Irrigon – there were a total of 194 students in the four-year cohort. Oregon’s statewide graduation rate is 76.65%.

Superintendent of Morrow County School District, Dirk Dirksen has done some calculations about the class of 2017 graduates and those that did not graduate in the four-year timeframe.

Of the **194 four-year cohort students**, there were **41 non-graduates** in the group. Of those:

3 students received a GED

14 have returned to the school district and are on track to graduate or receive a GED this school year (2017-18)

3 students’ records were not received from another school district in time to be removed from the MCSD graduation list.

This leaves **21 non-graduates**. Based on those facts and figures, the district’s graduation rate as 89.18%.

So, what about those 21 other non-graduate students?

8 of those students moved out of state and the MCSD never received a records request from another district. In this instance, schools in Oregon must take responsibility for those students not graduating. In other words, those students are counted as non-graduates on the Morrow County School District’s rate, although maybe these students graduated, and maybe they did not.

This leaves **13 students**. Dirksen said that in his opinion, these are the students the district was not able to help graduate in four years, which is still too many students.

Considering all those figures, 89.17% of the students in the 2016-17 school year either graduated, received a GED, re-enrolled or transferred to another school.

When nationwide graduation rates are reported, Oregon usually ranks at the very bottom or close to it. Comparisons between Oregon and other states are not always accurate – the way rates are calculated and reported vary greatly by state and may not be comparing the same things.

Morrow County School District’s Completer Rate over the last 3 years, which includes Diplomas and GEDs earned, has averaged 84.73%.

2016-17 Graduation rates for each high school are: Heppner Jr.-Sr. High School: 88%; Irrigon Jr.-Sr. High School: 80% and Riverside Jr.-Sr. High School: 86%
Ione School District: 100%

Safety

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. Drinking by the victim or a perpetrator can increase the risk of assault and related injuries as alcohol is associated with violence.⁵⁰

Annual Oregon Uniform Crime Report for Morrow County⁵¹

Category	2016 Offenses	2016 Arrests
Crimes Against Persons	195	73
Crimes Against Property	434	43
Behavioral Crimes	240	105
Domestic Violence ⁵²	31	18

Housing

Inadequate housing conditions are associated with both physical and mental illnesses. Structural features of the home (mold, pest infestation, peeling paint, drafts and energy inefficiencies, physical crowding) directly impact health, while affordability (fear of eviction, housing costs, overcrowding) and stability, defined as frequent moves or in its most extreme form, homelessness, may indirectly impact health.

Housing instability disrupts work, school, and day care arrangements, as well as social networks of both parents and children. Worries over the stability of one's housing situation and poor control over the conditions of one's home can result in distress and subsequent mental disorders. As housing conditions are tied to economic factors, vulnerable populations (racial/ethnic minorities, families with young children, the elderly, and low-income households) are most likely to be housing insecure and suffer health consequences related to poor housing conditions, residential instability and unaffordable housing expenses.⁵³

Housing Continued

According to the Oregon Housing and Community Services Department, Morrow County Demographic and Housing Profile, there was a shortage of affordable rental units, as well as a shortage of affordable and available units 2010-2014.

\$15.76 is the mean renters wage and \$13.10 is the hourly wage needed to afford a 2-bedroom apartment at HUD's Fair Market Rent.⁵⁴



Households who pay more than thirty percent of their gross income are considered to be “rent overburdened”

In conversation with local city administrators, chamber of commerce directors and human service directors, anecdotally there is a perpetual shortage of houses available for purchase or rent to match the needs or desires of would be renters/purchasers.

CAPECO is the local agency serving Morrow and Umatilla County that offers housing options, including one-time rental assistance, long-term rent subsidies and home ownership education services. The Neighborhood Center of South Morrow County also provides housing assistance to Heppner, Ione and Lexington.

The following are rent subsidized or low-income housing options available in Morrow County.

Irrigon

Irrigon Farm Labor Housing is a scattered site project comprised of four duplexes located in Irrigon, built in 1994-1995. The project includes land, buildings and other improvements constituting eight affordable housing units for farmworkers and their families.

Boardman

Morrow Estates located at Anderson Circle in Boardman includes land, buildings and improvements constituting 40 affordable housing units.

Castle Rock Apartments are 40 low-income housing units that are rent subsidized or income-based.

Heppner

Mountain Glen Apartments offers income-based rental units.

Community Health 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.

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 Wellness⁵⁵

There is a strong, well-established link between health and learning. Students' health impacts attendance, test scores, and the ability to pay attention in class. Emotional, social and physical health problems can become barriers to learning, making it more difficult for students to be academically or behaviorally successful in school. Addressing the health and well-being of the whole child can go a long way to support achievement in school. The following information was described in the 2017 Oregon Healthy Teens Survey for Morrow County School District 1. Eighty percent of respondents reported they were "very honest" when answering questions and another 15% said they were honest "most of the time".

Obesity

The survey indicated that greater than 30% of 8th and 11th grade students demonstrated a body mass index corresponding to being overweight or obese.

Sixteen percent of 8th graders and 30 percent of 11th grade students reported that in the past 12 months they felt they should eat less food because there wasn't enough money to buy food.

About twenty percent of students reported eating an average of five fruits/vegetables per day.

Nearly half of students surveyed didn't eat breakfast at least five times per week.

About 25% of students reported they did not drink soda pop during the previous seven days. But 13% (8th) 18% (11th) drank it nearly daily. Similar was reported for fruit "flavored" beverages.

About two-thirds of students visited a convenience store 2-7 times per week. This self-reporting may skew the reported number of students visiting a convenience store as it was noted from professionals and residents of the north end of the county that in Irrigon the convenience store is the only store in town that carries grocery items; and in Boardman people must cross the freeway overpass to access the grocery store and may use the gas station/convenience store instead.

Generally, about two-thirds of kids reported that they were active and watching less than 2 hours of TV a day. However, the opposite is true when looking at computer or electronic use (not school related).

The majority of kids aren't walking, riding a bike or scooter to school.

Student Wellness Continued

Tobacco Use

In middle school, most youth have never used cigarettes, alcohol, marijuana or other prescription drugs not prescribed to them and the majority of students are not using smokeless tobacco.

About 10% of eleventh grade students reported using e-cigarette or vaping products.

Alcohol/Drug Use

33% of eighth grade and 65% of eleventh grade students said it would be very or sort of easy to access alcohol.

The majority of students feel that their parents think it is wrong for kids to use alcohol, cigarettes, marijuana and non-prescribed drugs.

Students clearly demonstrated a need for a better understanding of the harm that comes with substance use.

Sexuality

When students were asked “Have you ever had sexual intercourse?” About 9% of 8th graders and 43% of 11th graders said “yes.” These are similar rates to the state.

When asked, “How old were you when you had sexual intercourse for the first time?” Thirty percent of 11th graders reported they were 14 years of age or younger.

When asked, “During your life how many people have you had sexual intercourse with?” One half said more than one partner.

During 2016-17, 65% of the adolescent population has received a Human Papilloma Virus vaccination; only 40% of the population is reported as “up to date” or receiving second dose.⁵⁶

Injury Prevention

Twelve percent of 8th graders and five percent of 11th graders reported that in the past 12 months they attempted suicide.

Twelve percent of 8th graders and eight percent of 11th graders did not go to school because they felt unsafe at school or on their way to/from school.

Seven percent (8th) and ten percent (11th) had been threatened with a weapon in last twelve months.

Fifteen percent (8th) and eleven percent (11th) had been bullied by someone using technology in last 30 days and 35% (8th) and 20% (11th) had been bullied at school for any reason.

Older Adult

Life Expectancy and Functional Abilities

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.

There is an estimated 1,550 people age 65 and older living in Morrow County, of which 725 (47%) live with a disability.⁵⁷

Nearly 40% of all Oregonians 65+ report having one or more disabilities. The disability rates for aging persons are disproportionately higher among counties in Eastern Oregon. Morrow County has one of the highest rates.⁵⁸

Disability includes limited activities due to physical, mental, or emotional problems or use of equipment such as a cane, a wheelchair, a special bed, or a special telephone.

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.

From 2010 - 2017, the population in the Boardman area of those individuals ages 65+ grew 45%, while ages 45-64 increased a moderate 6%.

The population ages 65+ in Irrigon increased by 32%, while ages 45-64 decreased 8%.

In the Heppner area, the population ages 65+ increased 13%, while ages 0-14 and 45-64 decreased 12% and 8% respectively.⁵⁹

Older Adult Continued

Figure 7 Older Adult Population in Morrow County by Place

Place		Population 65 or older (2000)	Population 65 or older (2013)	% Change (2000-2013)	Proportion 65 or older (2013)
Census Designated Places	Boardman	152	242	59%	7%
	Heppner	283	302	7%	22%
	lone	51	64	25%	20%
	Irrigon	160	195	22%	9%
	Lexington	42	51	21%	21%
Census Designated Places Total		688	854	12%	12%
Unincorporated Morrow County		481	584	21%	15%
Morrow County		1,169	1,438	23%	13%
Oregon		438,177	560,073	28%	14%
United States		34,991,753	41,851,042	20%	13%

Source: U.S. Census Bureau, 2009-13 American Community Survey 5-year Estimates

Illness or disease, life expectancy, falls and functional abilities, living arrangements, transportation, caregiver support, and health care access are all key issues to consider for the older adult population. The Oregon State Plan on Aging (October 1, 2017 – September 30, 2021) was created to help assure Oregonians are able to safely age in the setting of their choice with dignity. By using effective community-wide approaches and programs, health program managers and service providers help ensure the health and independence of the aging population.

Illness/Disease

Chronic diseases are long-term illnesses that are rarely cured and six of the seven leading causes of death among older Americans are chronic diseases. Heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions that negatively affect quality of life and contribute to a decline in functioning. Many chronic conditions can be prevented or modified with behavioral interventions.

Vision limitations, hearing limitations, and oral health problems are often thought of as natural signs of aging. 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, but glasses, hearing aids, and regular dental care are not covered services under Medicare.

Older Adult Continued

Behavioral 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.⁶⁰

Rod Harwood, GOBHI WISE Program, indicated that older adults tend to look for opportunities to stay involved and feel a sense of connectedness, however when committing their time, they looked for significant and meaningful areas with a time-limited commitment to contribute their time.

Health 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 people, 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 also 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.

Original Medicare is made up of two parts:

Medicare Part A covers your hospital expenses. This includes hospital stays, skilled nursing care (as long as custodial care isn't the only care you need), hospice and home health-care services. Part A services may require you to pay various deductibles, coinsurance, and copayments.

Many people qualify for premium-free Part A because they or their spouse paid taxes toward Medicare while working for at least 10 years (or 40 quarters). But otherwise, you may have to pay a monthly premium.

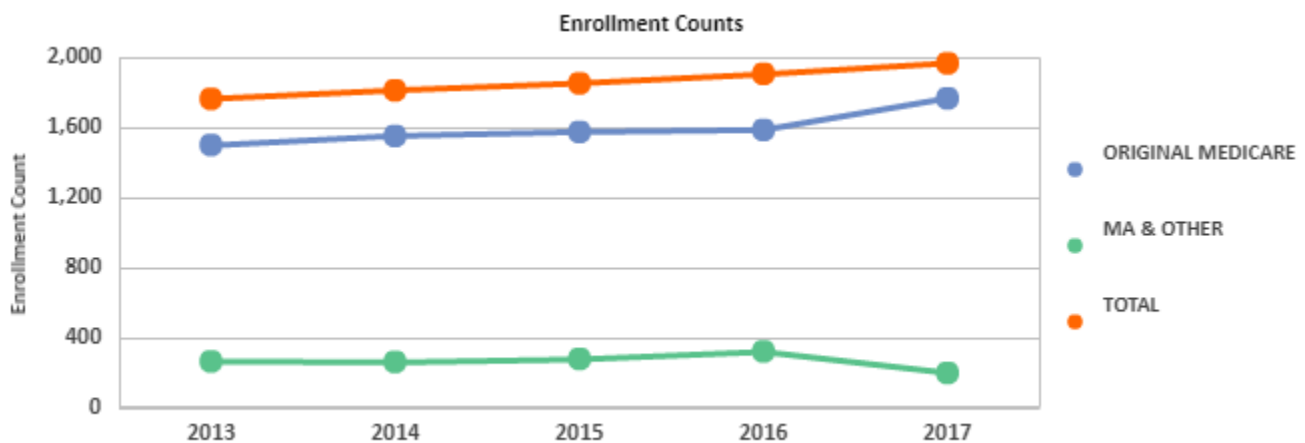
Older Adult Continued

Medicare Part B is your health insurance coverage. It covers two types of services, including medically necessary services to treat illnesses or conditions, such as doctor’s office visits, lab work, x-rays, and outpatient surgeries, and preventive services to keep you healthy, like cancer screenings and flu shots. Part B also covers medically necessary durable medical equipment such as wheelchairs and walkers to treat a disease or condition. Costs for Part B services vary, but frequently, you will pay a deductible and then 20% of the Medicare-approved amount, as long as you use providers who accept Medicare assignment.

Most people pay a premium for Part B. Even if you’re enrolled in a Medicare Advantage plan that provides your Part A and Part B benefits, you still have to pay your Part B premium.

Medicare Advantage is a type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits. Most Medicare Advantage Plans offer prescription drug coverage.

MORROW COUNTY MEDICARE ENROLLMENT (Includes Medicare Advantage)⁶¹



Older Adult Continued

Living Arrangements

Many older Americans live independently in their communities and reside in their homes well into their later years.

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.

Some older adults live in licensed long-term care facilities, and some live in residences that provide various services such as meal preparation, laundry and cleaning services, and help with medications. Availability of such services through the place of residence or community-based services may help older Americans maintain their independence and avoid institutionalization.

Veterans

Demographic

There are an estimated 922 veterans living in Morrow County.⁶²

Percent Veterans in Morrow County

Geography	Proportion of Population over 18 that are Veterans
Oregon (state)	10.8%
Morrow County	12.7%

American Community Survey 2013 5-year estimates

Transportation

Many veterans' transportation needs are largely being met by a federal grant called the *Highly Rural Transportation Grant* which provides funding to support transportation to medical appointments, including VA medical facilities or community health care providers. In Morrow County the Loop also provides transportation and in 2015, 7.3% of ridership was veterans.⁶³

Health Care Access

The Primary Care Telehealth Outreach Clinic established by the Walla Walla Veterans Administration (VA) is located in Boardman.

The VA Choice Program allows veterans living more than 40 miles from a VA approved medical center to select a medical provider closer to them. In Morrow County, the Choice Program providers include Pioneer Memorial Hospital, Irrigon Medical Clinic, Pioneer Memorial Clinic and Columbia River Health. The Morrow County Health District and Morrow County Veterans' Services are working to promote more awareness of this program. The Ione Medical Clinic, also operated by the Morrow County Health District, opened very recently (in 2015) and so far, demand has not emerged for the Veteran's Choice program at that particular location.⁶⁴ As of the publication date, some uncertainty emerged regarding the long-term financing and sustainability of the program.

Veterans Continued

Needs

According to the Morrow County Veterans' Services Program, many veterans would like to age safely in their home and in their community near friends and family. In order for this to be possible, home care is something many veterans and/or spouses desire, but there is a shortage of care providers for home aid services. In addition, many people worry about traveling great distances to see their spouse if the time comes for the to be placed in a long-term care facility.

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.

Success

The availability of transportation has been very helpful for veterans to access health care and help address nutritional needs.

The VA Choice Program is utilized by a number of veterans across Morrow County and health care co-management is becoming more common. The greatest utilization of Choice is in the south end of the county.

Oregon is one of only five states that offers a veteran home loan program. This Oregon benefit is separate and distinct from the Federal VA Home Loan Guaranty. Currently there are five home loans with Oregon Department of Veteran's Affairs in Morrow County. There is no access to "county specific" Federal VA Home Loan information.

The number of veterans age 65 and over who receive health care from the Veterans Health Administration (VHA), within the Department of Veterans Affairs, 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), community-based care for all enrolled veterans and specialized services for the disabled, including acute mental health services.

Hispanic/Latino Continued

Nearly sixty-five percent of the total population in the Boardman service area identified as Hispanic, and nearly 30% of the population in the Irrigon services area. Twelve percent of the Oregon population identifies as Hispanic.

Greater than thirty percent of the population in Boardman, older than five years of age speaks English less than very well.⁶⁸

The striking demographic difference between Oregon’s Latino population and its white population is age: Oregon Latinos are significantly younger than white Oregonians. The median age for Latinos is 24 years, compared to 41 years for the white population.⁶⁹

While Latino Oregonians come from a variety of backgrounds, most were born in the United States (64%).⁷⁰

The 2013, updated Oregon Migrant and Seasonal Farmworker Enumerations Profiles Study estimates over 3,400 MSFWs in Morrow County. Over six thousand people are estimated in Morrow County if you include the number of non-MSFWs and MSFWs living in a household.⁷¹ It was indicated in the community review of the data that it might be likely that the combined “MSFWs and non-MSFWs in household” county estimate of 6,000 may now be lower as the school age population has declined in recent years by about 10%.

Undocumented Immigrants

The Migrant Policy Institute estimates that a little over half of all undocumented immigrants in Oregon have been in the United States for 10 years or more and around three-quarters are over the age of 25. Pew Research Center estimates that undocumented immigrants made up 4.6 percent of the labor force in Oregon in 2012 and that 7.5 percent of Oregon elementary and secondary students have at least one undocumented immigrant parent.⁷²

Having an immigrant parent can prevent children from accessing important benefits to which they are entitled, including education and health services. In the United States, about half of Latino children have at least one parent who was born in another country,⁴ some of whom are not authorized to live in the United States.⁷³

Hispanic/Latino Continued

Education

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.

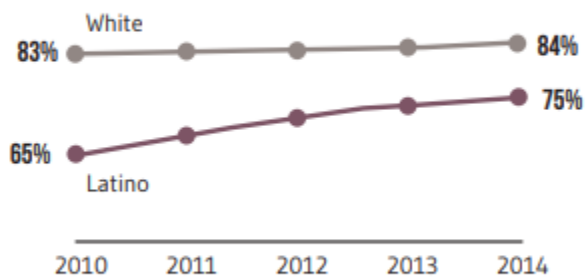
High-quality early childhood education is a critical stepping stone in helping children succeed in school and become productive adults later in life. However, Latino children are underrepresented in early childhood education programs in our state. Moreover, teenagers who drop out of high school are at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

Thirty-four children are currently enrolled in the Oregon Child Development Coalition program (Boardman/Hermiston) in Morrow County. As reported by OCDC, the majority of families use Spanish as a first language. All students have a primary care medical home and are up-to-date on EPSTD requirements for immunizations.

Latino students account for over 56 percent of the student population in Morrow County School District.⁷⁴ Thirty percent attend Ione Community School⁷⁵ compared to twenty-three percent in Oregon.⁷⁶

All school attendance rate for Ione Community School is 90% and the rate for Morrow County School District is 92%. The Latino only attendance rate is 93% in Ione. English Language Learner students comprise 18% of the Ione student population. Four hundred and seventy-seven students attending Morrow County School District are English Language Learners, speaking Spanish, French and Cicha.

Figure 15. A growing percentage of Latino students are completing high school.



5-year cohort completion rate, Oregon Department of Education

Latinos in Oregon are less likely to have a postsecondary degree than white counterpart.⁷⁷

Hispanic/Latino Continued

Health

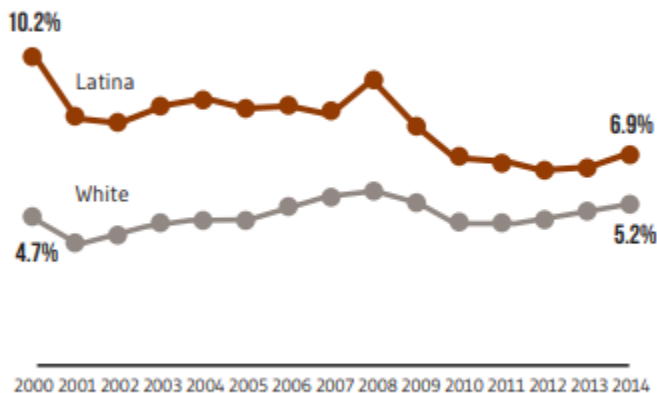
There are disparities in health access and health outcomes for Oregon’s Latino population. Ensuring the positive health and development of Oregon’s large and growing Latino population is vitally important as Oregon’s Latino youth become tomorrow’s workforce, community members and leaders. While there have been some gains in Latino health in recent years, there remain large disparities between Latino and white Oregonians on many health indicators. A lack of health care access and a shortage of culturally appropriate services and providers have contributed to crucial health disparities. The percentage of uninsured Latinos has dropped slightly, access to prenatal care has increased and teen pregnancy rates have dropped substantially. On all of these indicators, however, Latino Oregonians lag significantly behind their white peers. In addition, while self-reported indicators of emotional well-being are roughly equivalent for Latino and white youth, more Latino youth are obese, and Latino youths’ self-reported physical health and the percentage meeting the positive youth development benchmark are lower than those of white youth.⁷⁸

Maternal/Child Health

From 2014-16, There were just over 500 births in Morrow County, half were to Hispanic females. Of the 54 mothers giving birth with an eighth-grade level or less of education, 52 were to Hispanic females. Of the nearly 98 mothers giving birth with just some high school education, 73 were to Hispanic females.⁷⁹

From 2007-2016 over one half of the number of cases of diagnosed chlamydia and gonorrhea were reported as Hispanic.⁸⁰

Figure 26. Fewer Latinas receive prenatal care, but the gap between white women and Latinas is decreasing.



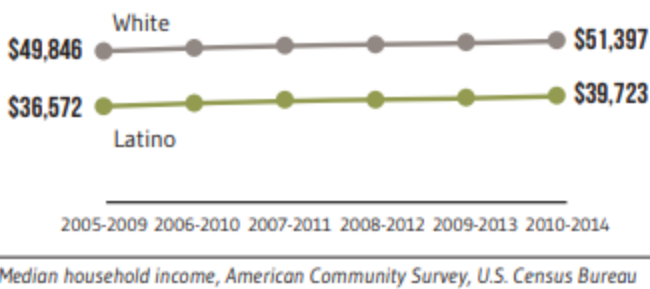
Percentage of women receiving inadequate prenatal care, Oregon Health Authority

Hispanic/Latino Continued

Twenty-eight of the 251 (11%) Hispanic mothers who gave birth 2014-16, did not receive adequate prenatal care.⁸¹

There were 14 pregnancies in Morrow County to teens ages 10-17. Seven pregnancies were to Hispanic females.⁸²

Economics



Latino Oregonians have a lower median household income than do white Oregonians. The larger discrepancy in per capita income could be due to larger family sizes for the Latino population, which means that household income supports more family members, resulting in a lower per capita income. According to the 2010 Census, the average Latino household has 3.68 people, compared to 2.34 people in the average white household.⁸³

For the period of 2010–17, over one-third of Latino children in Oregon (35%) lived in poverty. The rate for white children (17%). Poverty levels remain unacceptably high and had steadily increased since 2005.⁸⁴

Best Practices Recommended to Morrow County by Oregon Washington Health Network Cultural Sensitivity Trainers

The permanent Hispanic population of Morrow County is increasing, particularly in Boardman and Irrigon. Bilingual communication, informational materials and services continue to be necessary as the population continues to increase.

System planners must realize that economic mobility and health are intertwined and consider the impact of poverty, discrimination, low-paying jobs, schools and housing.

Consideration should be given to how important social networks, the group oriented “family model” and hopefulness of Latinos may promote better health.

System planners should continue to focus on oral health for adults.

Health and human services should continue to promote and utilize certified health care interpreters.

Economically Disadvantaged

Figure 11 Low-Income Population in Morrow County by Place¹

Place		Population with Incomes <150% Poverty Level (2000)	Population with Incomes <150% Poverty Level (2013)	% Change (2000-2013)	Proportion of Population with Incomes <150% Poverty Level (2013)
Census Designated Places	Boardman	1,077	1,262	15%	39%
	Heppner	315	520	39%	38%
	Ione	48	26	-85%	8%
	Irrigon	433	711	39%	34%
	Lexington	37	33	-12%	13%
Census Designated Places Total		1,910	2,552	25%	35%
Unincorporated Morrow County		886	613	-45%	16%
Morrow County		2,796	3,165	12%	28%
Oregon		680,596	998,512	47%	26%
United States		57,320,149	75,713,774	32%	25%

¹ Data for persons of low-income only reflects a portion of the population for which poverty status is determined. The income cannot be determined for children under the age of 15 not related by birth, marriage, or adoption to a reference person within the household, therefore their poverty status cannot be determined.

² The data for 2000 was collected through U.S. Census Summary File 3 (SF3). SF3 data is compiled from a sample of the total population (about 1 in 6 households) that received the Census 2000 long-form questionnaire.

Source: US Census 2000 and American Community Survey 2013 5-year estimates

During the period 2015-2018, there were approximately 400 people (on average monthly) covered by the Eastern Oregon Coordinated Care Organization dually enrolled in Medicare/Medicaid.⁸⁵

The Oregon Health Authority reports at a point in time (January 2018) there were over 2,600 people in Morrow county enrolled in the EOCCO and over 4,100 people enrolled in any OHP Program (63% of the county).⁸⁶

Economically Disadvantaged Continued

In February 2018, Morrow County enrollment in the Free and Reduced Meal Program was reported as follows:

Heppner Elementary School - 47%
Heppner Junior Senior High School - 36%
A.C. Houghton Elementary – 100%
Irrigon Elementary School – 77%
Irrigon Junior Senior High School – 73%
Morrow Education Center – 100%
Sam Boardman Elementary School – 100%
Windy River Elementary School – 80%
Riverside Junior Senior High School – 74%.⁸⁷
Ione – 45%.⁸⁸

During the 2017-18 school year, 62 children attending Morrow County School District were identified as “homeless.”

The local food banks in Heppner and Irrigon are significantly relied upon to distribute food boxes and provide a selection of foods in a pantry. Boardman is pursuing development of a food pantry, but currently Columbia River Harvesters operates a “gleaning” group.

A few independent groups throughout the county work to procure and distribute non-perishable food items to students for consumption after school hours and weekends.

HEALTH SERVICES

Columbia River Health

Columbia River Health provides primary and preventative health services, which includes physical health, behavioral health, dental, optometry, radiology, lab, pharmacy, occupational and support services. Support services include transportation, translation, enrollment in OHP or other insurance plans, and connecting people to other community resources.

Physical Health

Provides the full range of primary care services, including well care exams, treatment for acute illnesses, and management of chronic conditions.

Behavioral Health

Employs a behavioral health consultant on the team to provide mental health or substance abuse services to patients. Patients needing a higher level of care are connected to a community partner with a warm handoff.

Dental

Preventative dental services, including cleanings are provided on site and emergent and restorative services are provided through referrals to contracted community partners.

Optometry

Provides optometry services in the clinic.

Radiology

X-ray services are available on site. Patients needing a higher level of care are connected to the local hospital.

Lab

Collects and processes many labs on site. Complex labs can be drawn/collected on site and are processed by a contracted partner.

Pharmacy

Participant in the 340B program, which allows the pharmacy to provide patients of Columbia River Health with medications at discounted rates. Medication delivery is available in Boardman, Irrigon, and the surrounding area for a nominal fee.

Columbia River Health Continued

Occupational Medicine

Contracts with many local businesses to provide occupational health services.

Support Services

Transportation is available free of charge for patients in Boardman, Irrigon, and the surrounding area. Transportation may be available in other locations, including Hermiston and Umatilla, for a nominal fee.

Bi-lingual (English/Spanish) staff with a contracted interpreter available for patients needing services in additional languages and/or sign language.

Promotoras (community outreach workers) are available on site to assist patients with: enrolling in OHP or other insurance plans, applying for the sliding scale discount program, making connections with community resources, and more.

Community Counseling Solutions

Community Counseling Solutions (CCS) provides a full range of mental health, addictions, developmental disability and alcohol and drug prevention services.

Developmental Disability case management, eligibility and protective services.

Mental health and nurse practitioner services via several school-based health clinics. CCS also provides a number of school counselors to local schools through private contracts with those schools.

Clinical services to Columbia River Ranch, a mental health residential center in Boardman. This is through a partnership with a private entity, Columbia Care.

Senior outreach and foster grandparent services throughout Oregon.

Problem gambling treatment free of charge.

Robust peer program providing peer counseling services.

Assessment and referral services for the Umatilla County jail.

Drug court in Umatilla and Morrow counties.

Students Providing Understanding and Respectful Support (SPURS) in Morrow County which pairs high school age youth with elementary youth in a mentorship capacity.

Juniper Ridge Acute Care Center in John Day providing 24 hour locked acute mental health care in addition to respite.

Lakeview Heights, a secure residential treatment facility in Heppner.

Community Counseling Solutions Continued

Assertive Community Treatment program providing high fidelity, high frequency outpatient counseling to high needs mental health patients.

Supported Employment program helping patient find and retain employment in competitive settings.

Early Assessment and Support Alliance program providing high fidelity services to those showing early signs of significant mental health issues.

Rental assistance program matching patients with rental assistance opportunities.

The PATH International (Professional Association of Therapeutic Horsemanship) certified Equine Assisted Activities and Therapy program at Lakeview Heights 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.

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 volunteers across the county; 41 paramedics, EMT Intermediates and Basics, and 29 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. The agency maintains the main office located on main street in Heppner and also an office in Boardman.

Irrigon Medical Clinic is a certified Rural Health Clinic, classified as a Tier 4 Primary Care Medical Home and specializes in family medicine for all ages. Full-time physician assistant, nurse practitioner and physician employees provide primary care at the clinic. In addition, IMC is undergoing an expansion project which will double the size of the clinic to accommodate additional growth in population and new services being added to the clinic.

Morrow County Health District Continued

Pioneer Memorial Clinic, located in Heppner, is staffed by two family physicians, a physician assistant and a nurse practitioner. The clinic is a certified Rural Health Clinic, classified as a Tier 4 Primary Care Medical Home and provides preventive and continuing care services for all ages. PMC also acts as a training site for physician assistant students as well as medical students from OHSU.

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, Dexa scans, ultrasounds, EKGs, MRI's and mobile mammography. In addition, colonoscopy, endoscopy, and infusion therapy procedures are available. The Swing-bed program provides skilled nursing care, post-surgical rehabilitation and therapy. PMH also offers a non-skilled extended care unit. Both the Pioneer Memorial Clinic and Pioneer Memorial Hospital are in the process of identifying areas in both facilities to update/modernize in order to offer the best care available to our patients as well as to be able to add new services in the future.

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.

Ione Community Clinic - a school-based health center and certified rural health clinic – was developed in partnership with Morrow County Health Department, Ione School District, Community Counseling Solutions and Advantage Dental. MCHD staffs the primary medical care clinic with two part-time nurse practitioners.

Morrow County Health Department

Morrow County 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. The Health Department is also an active partner involved in the CARE Team, which offers “wraparound” services for pregnant women, children age 0-21 years of age and families.

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 for our communities in a sustainable, entrepreneurial and professional manner.

In 2016 Advantage Dental partnered with DentaQuest, a Boston based company dedicated to improving oral health for all. This partnership strengthens our ability to advance the desire of both companies to bring quality dental care to all members of the communities we serve. As of January, 2018, Advantage Dental has 43 dental clinics; almost 450 employees and more than 1,200 contracted dentists in the PacificSource network.

Advantage Dental provides care for almost 300,000 recipients with Medicaid coverage in Oregon. Advantage Dental is geographically the largest Dental Care Organization in the state of Oregon and numerically one of the largest.

CONCLUSION

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 input to reconsider the areas of need or conversely areas of satisfactory health. This assessment included an expanded and more comprehensive look at local data.

Overall, the general health status of the population has not changed significantly since the data was assessed and community input was solicited in 2010-12. 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 additional health planning and resources that special populations will require in the near and distant future and acknowledgement that there are areas where addressing social determinants could also improve health.

2018 priority areas identified: 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 through EOCCO and Community Advisory Council address maternal and family health needs, youth mental health, alcohol/drug/tobacco use, oral health and chronic disease (specifically obesity).

Throughout 2018-19, the CAC will be reviewing information specific to the Oregon Health Plan participants and input received via focus groups to consider adjustments to the local planning efforts and incorporate into the plan in 2019.

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ATTACHMENT 1

HISTORY OF COLLABORATION Community Health Improvement Partnership of Morrow County 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.

Joint CAC and CHIP Collaboration List July, 2015 – June, 2018

Members

Aaron Palmquist - City of Irrigon
Seth Whitmer - Columbia River Health
Emily Reynolds - Columbia River Health
Sheryll Bates - Heppner Chamber of Commerce
John Murray - Murray's Drug Pharmacy
Kimberly Lindsay – Community Counseling Solutions
Robin Bredfield – Community Counseling Solutions
Don Eppenbach – Community Representative
Donna Eppenbach - Community Representative
Rollie Marshall - Ione School District
Bob Houser - Morrow County Health District
Nicole Mahoney - Morrow County Health District
Dirk Dirksen - Morrow County School District
Marie Shimer - Morrow County School District
Erin Stocker - Morrow County School District
Rollie Marshall – Ione School District
Morrow County Veteran's Services – Linda Skendzel
Jessica Britt - Umatilla Morrow County Head Start
Catie Brenaman - Umatilla Morrow County Head Start
Cathy Wamesley – Intermountain Educational Service District
Mary Lou Gutierrez - Umatilla Morrow County Head Start
Erin Bartsch - Umatilla Morrow County Head Start
Maryann Wren – Advantage Dental
Roberta Shimp - Oregon Self Sufficiency Program
Rebecca Gardner – 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
Melissa Lindsay - Morrow County Commissioner
Jim Doherty - Morrow County Commissioner
Terry Tallman - Community At Large
Peggy Doherty – CARE Program
Ana Pineyro – CARE Program
Cristal Romero – CARE Program
Kelly Holland – Morrow County Primary Care Veteran's Telehealth Clinic
Yvonne Morter – Morrow County Health Department
Patricia Ortiz - Morrow County Health Department
Linda Skendzel – Morrow County Veteran's Services
Tom Meier – Morrow County Juvenile Services
Anita Pranger – Morrow County Transportation
Kristin Bowles – Morrow County Sheriff's Department
Angie Treadwell - OSU Extension Supplemental Nutrition Assistance Program

Rod Harwood - Greater Oregon Behavioral Health, Inc.
Kris Bohler - Greater Oregon Behavioral Health, Inc.
Kathryn Cheyney – Domestic Violence Services
Robin Ferguson – Domestic Violence Services
Carl Melle - Blue Mountain Community College
Paula Hall – CAPECO
Rosa Delgado – Oregon Department of Human Services

Medical/Health Community Representative

Kris Jones - Primary Care Clinics' Manager
Russ Nichols, Physician

Community Participation

Katy Anderson, Betty Gray, Ed Rollins, Tricia Rollins, Maria Orozo, Crystal Ramirez, Amado Juarez, Elia Amado, Fernando Ramirez, Francisco Ibanez, Patricia Ponce, Juan Medrano, Juana Lopez and Paola Cabrera, Sam Fisher, Ray Deloe, Raymond Lee, Thom Green

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.

Diane Kilkenny, RN, Morrow County Health Department Healthy Families Program

Shelley Wight, Morrow County Health Department Communicable Disease and Emergency Preparedness Coordinator

Molly Rhea, RN, Morrow County Health Department

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

Estella Gomez – Oregon Health Authority

Troy Soenen – Greater Oregon Behavioral Health, Inc.

ATTACHMENT 2

A Community Forum – “Lunch with Seniors”

Irrigon - Stoke’s Landing Senior Center

April 16, 2018

The Community Health Improvement Partnership of Morrow County scheduled a Community Forum – “Lunch with Seniors” in Irrigon at the Stoke’s Landing Senior Center. Approximately 28 people were in attendance for lunch that day and ten elected to participate in individual conversations with the interviewer.

The participants were informed about the information obtained through the community health assessment (2010-2018) and how priority areas were identified. The attendees were asked the following questions.

1. Do you agree with the priority areas established by our county wide partnership for Morrow County?
 - Improving communication and coordination between the health service providers and health service providers and the community.
 - Promoting healthy lifestyles/preventing illness or injury with specific attention to maternal and family health, youth mental health, drug and alcohol tobacco use, obesity and oral health.

This is the only question that the entire group engaged in and it appeared there was consensus that these priorities were supported. If there was disagreement, it was not expressed aloud.

2. What assets or strengths does our community demonstrate now that could help achieve a greater level of healthfulness?

Attention was drawn to the fact that people care about those who live in their community and often volunteer to make their community a better place to live.

The Irrigon Food Bank is served by very dedicated staff and volunteers and provides a much-needed service.

It is important that we continue to move ahead with attention to health.

Transportation can be effectively met if individuals will use the systems that are available. For Irrigon it is the CTUIR bus and across the county there is the LOOP STF system. If anyone who lives in Morrow County and needs to get somewhere (doctor, shopping, etc.) from MC to a destination (Hermiston, Tri-Cities, Pendleton, etc.) they can call and be picked up at their residence and return home.

3. Can you think of specific examples of programs, services or activities that would support more healthful living, related to the priorities identified above?

Opinions echoed what the CHIP hears in other communities in Morrow County – there is a need for:

- additional information provided to the community about what resources/services are available, even beyond health care services
- health education (nutrition and exercise)
- exercise options (e.g. Tai Chi is offered by CAPECO two days/week and it would be great if it were available on additional days or times)
- older adult/senior housing located at the north end of the county
- Affordable light housekeeping services/care assistance for older adult/disabled

4. What is important to understand about our community when prioritizing health programs?

We need to be “forward” thinking. For example, it may be years down the road, but what about a “near highway” lane that would allow “all electric low or medium speed” for personal or shared travel. Possibly all the way to Hermiston?

There are more people “in need” than you would think. Many people are too prideful to ask for assistance, for example food assistance.

There are also more people than you would think that care about taking care of themselves and becoming more informed about being healthy.

The 4-day school week serves as a negative draw to those who may consider moving to our communities. We have people that are by-passing us because of this large issue and go where there is 5-day week schedules. People find daycare financially challenging.

We need to teach “real life skills” to get people out of the situations they are in to become more self-supporting and self-sufficient.

Irrigon is working on multiple fronts to see standards raised so we can see our whole community become stronger and more vibrant, such as stronger developments for businesses, workforce housing developments and wage earners.

5. Are there areas that we haven’t explored or need improvement?

Participants felt their information was captured above.

Additionally, we invited participation to obtain a representative cross-section of people from our community to continue the discussion in a small group conversation.

ATTACHMENT 3

A Community Forum – “Dining and Discussion”

Ione Hispanic Parent Club

April 25, 2018, 7:00 p.m.

The CHIP of Morrow County held a community forum with 8 members the Ione Hispanic Parent Club on April 25. The following topics were discussed.

1. What are the strengths in our community that can help us achieve a greater level of healthfulness?

The Ione Community School was praised liberally as a supporter of the Hispanic parent community. It was noted that the school provided timely and bi-lingual communication, promoted a sense of connectedness and a social network which could be of help in the future to promote health.

2. Do you think health care is easily accessible? Are there special services you need that you can't access in Morrow County?

The participants stated that health care is available and accessible to them. Participants reported using clinics in Heppner, Ione and Boardman. When asked specifically if there were barriers to accessing care such as language, there was no suggestion that it was a problem. The greatest concern was that if one didn't have employer-based insurance, adults did not have insurance coverage and paid out of pocket for all medical, dental and vision expenses. One-half of the participants indicated that this was their circumstance and it was very expensive. All indicated that oral health care was an extremely expensive service if one did not have adult dental insurance.

The interviewer made a note to follow-up with the CARE Program to ask if additional assistance was possible to provide information and clarification about eligibility for the Oregon Health Plan. There could be several reasons that participants may not have insurance coverage; ineligibility, misunderstanding or receiving inaccurate information about program eligibility, or personally opted not to pursue the benefit.

Some participants identified another problematic issue; despite having insurance coverage, there were cost differences between pharmacies experienced or the consumer had been informed or understood that there would be cost differences between pharmacies when purchasing drugs. Apparently, this consumer understanding prompted some community members to unduly travel out of the area to purchase pharmaceuticals. The interviewer made a note to follow-up with the closest local pharmacy so additional information or clarification could be provided to the community.

3. Is your personal physician/practitioner in the local area?

It was described that when health care was needed, health care providers in the area were used. There was no mention of specialty services being accessed.

4. What do you think is the most important health status problems (sickness, disease) facing the local Latino community? How should it be solved?

When asked about sickness or disease that that could be identified as a problem for the individual, family, or community members; high blood pressure was concerning to the group and half of the members experienced the condition. All knew someone who had been diagnosed or undergoing treatment.

5. Are there strategies that you could suggest to help you achieve a greater level of healthfulness?

It was suggested that one strategy that could help community members achieve a greater level of healthfulness would be to offer nutrition and exercise educational classes and indoor exercise/gym space.

6. Are you familiar with:

Morrow County Health District (Emergency Medical Services, Boardman, Irrigon, Heppner, and Ione clinics, Pioneer Memorial Home Health and Hospice providing compassionate care to patients in their homes, as well as at care facilities in three counties).

Morrow County Health Department (Communicable disease screening and referral, immunizations, family planning, maternal and child health, health education resources/ referral, tobacco cessation, newborn home visits, tuberculosis and blood pressure screening, child safety seat instruction, preventive disease control).

Community Counseling Solutions (Clinic, full range of mental health, addictions, developmental disability and alcohol and drug prevention service)

Columbia River Health (Primary medical care, mental and dental health care and transportation).

Advantage Dental (Heppner and Boardman).

All members indicated they were familiar with services provided by the Morrow County Health District, Morrow County Health Department, Columbia River Health, Community Counseling Solutions and Advantage Dental. A short summary of the services was provided by the interviewer at the conclusion of the discussion to ensure information about lesser known services (car seat fitting, home health, behavioral, eye care, transportation) was shared.

Housing and senior living, food programs, transportation, social services

Discussions followed about some conditions that impact health, but that were not direct health care services. When asked about housing availability, a considerable energy was created in the room. It seemed that all participants had had a difficult experience when trying to find housing. The first issue was the lack of available family housing, the second issue was affordability for the condition of the house, and the third was the poor conditions of available housing or having landlord trouble (e.g. maintaining or fixing the house when needed).

There was some knowledge of the availability of food programs in Heppner and Boardman. It was interpreted by the interviewer that there could be some concern of food scarcity beyond the group and in the general community. Information was provided about the Neighborhood Center of South Morrow County, which included food pantry, thrift store and emergency assistance. There seemed to be very little concern about transportation. Some discussion occurred about the operation of The Loop, Morrow County transportation service and additional information was provided by the interviewer.

