

Morrow County LPHA FY 10 Annual Plan

I. Executive Summary

Morrow County is a small rural county located east of the Cascades in north-central Oregon with an estimated population of 12,485. The county is bordered by the Columbia River to the north, Umatilla County to the east, Wheeler and Grant County to the south and Gilliam County to the west. The primary industries are agriculture, food processing, dairies, energy production, forest products and recreation. The Port of Morrow, second largest in the state in terms of tonnage, serves as a gateway to Pacific Northwest and Pacific Rim markets. Morrow County Health Department (MCHD) provides a variety of services to the public as mandated by the Oregon State DHS Public Health Program including immunizations for all ages, family planning, maternal child health programs and supports, epidemiology and control of preventable diseases, health education information and referral as appropriate. Each year there is also a robust Influenza program with vaccine offered at each regularly scheduled clinic throughout the Influenza season. Additionally, special Flu clinics are offered in the four largest cities for a total of six specific Flu vaccination clinics. Three of these clinics are held at each of the Senior Centers and are typically scheduled first in an effort to protect some of our most vulnerable residents and three of the clinics offer expanded evening hours to increase accessibility. Due to the small size of our department and limited staff, many members work in a variety of different programs, working very cohesively as a team to better serve our communities. There is a significant Hispanic population represented within our county and English may not be their primary language. Therefore we have two bilingual bicultural staff members to assist in serving this special population. Educational materials are also offered in Spanish. Medical care (including dental) is limited within the county. There is one 12 bed acute care hospital and three medical clinics including an FQHC located in Boardman. The hospital does not offer delivery services and prenatal care is not available within the county borders. One of the major areas of concern is the benchmark regarding prenatal care in spite of efforts to encourage and support early and consistent access to care. Our current ranking for Prenatal Care in the state is a dismal 35th. Other 2008 Oregon Benchmark concerns: Unemployment Rate – 23rd, HS Completion – 35th, College Completion – 36th, Poverty – 22nd, and Child Care availability – 36th. The Comprehensive Plan for Morrow County reflects some of these same concerns as mentioned in the Assessment.

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II. Assessment

AGING ISSUES: Each of the three major communities (Heppner, Irrigon and Boardman) have active Senior Centers offering meals one time per week on different days with a bus offering transportation to the various facilities. This is especially important for those seniors who do not have transportation of their own, addressing nutritional as well as social needs. There is active participation of volunteers from the community and area churches at the mealsites on a rotational basis offering assistance in basic food preparation, serving and clean up. The Senior Centers offer frozen meals for home use to further support the nutritional needs of the seniors. There is apartment style housing located above the senior meal site facility and also an assisted living facility in Heppner. The Health District offers Home Health as well as Hospice services throughout the county. Pioneer Memorial Hospital is the only such facility in the county and is also located in Heppner. It offers 12 acute care beds and has also had a recent remodel to expand services offering 7 Long Term care beds. This facility is especially important to the health of our residents as the next nearest hospital is more than 50 miles away. MCHD offers information, resources and referral as needed.

AIR QUALITY: Morrow County is rural and sparsely populated which is an extreme advantage regarding air quality overall. All of the National Air Quality Standards are met including Carbon Monoxide, Nitrogen Dioxide, Sulfur Dioxide, Ozone, Particulate Matter and Lead levels.

ALCOHOL & DRUG USE: Substance abuse, particularly the use of methamphetamines, continues to be a major issue that affects law enforcement, the courts, adult corrections, child maltreatment, social services and domestic violence. Substance abuse continues to be a selected focus area within the Comprehensive Plan. As one of the planned strategies to combat this problem, Morrow County submitted an application to obtain funds for a Drug Court but did not receive a grant. Substance abuse also continues to include a significant alcohol abuse problem. It continues to be a socially acceptable means to celebrate various occasions in addition to being a strong presence at many funerals. Even more concerning is that many adults seem to condone, and at times even encourage the participation of minors in this activity as a socially acceptable behavior. Drug and Alcohol counseling is available through Community Counseling Solutions (CCS) , a locally based,

private non-profit program providing mental health services to Grant, Wheeler, Gilliam and Morrow counties.

BIRTH DEFECTS: It is difficult to extrapolate this information from the data tables as our county has a relatively small population and thus the numbers are few. The use of both alcohol and tobacco during pregnancy are higher than the state average and the use of illicit drugs is comparable to the state rate. We have a home visiting program (CaCoon) which provides services and/or case management services to families of children with special health needs from birth and/or diagnosis, to 21 years of age. There are no prenatal care providers located within the county.

BIRTHS: The number of births for Morrow County in 2007 was 163 (first births were 58). No facilities within the county offer delivery services. The majority of infants are delivered in Umatilla County either at Good Shepherd Hosp. (Hermiston) or at St. Anthony Hosp. (Pendleton). Some deliveries occur at The Dalles or in nearby Washington state and occasionally an infant is delivered at home.

CANCER MORBIDITY AND MORTALITY: The most recent Selected Causes of Death by County data (2005) reveals that Cancer accounts for almost 29.8% of all deaths within Morrow County. This is considerably higher than the State rate. The most prevalent cancer type is lymphatic, followed by breast, pancreatic and benign & uncertain neoplasms.

CHRONIC DISEASE: The Selected Chronic Conditions that were the most statistically significant for Morrow County residents (2004 – 2007) were High Blood Cholesterol (51%), HTN (28%) and Arthritis (20%). The Age-Adjusted Rates for Modifiable Risk Factors (compared with State) for this same time period (2004 – 2007):
The % \geq 18 yrs who had chol. checked in past 5 yrs – 59.4%, (OR = 69.4%);
The % of adults classified as overweight - 36%, (OR = 36.3%);
The % of adults classified as obese – 37.9%, (OR = 24.1%);
The % of adults who met CDC recommend for phys act - 56%, (OR = 58%);
The % of adults consuming min 5 serv Fruit/Veg – 13.6%, (OR = 26.6%);
and The % of adults who currently smoke cig – 23.2%, (OR = 18.7%).
Not surprisingly, Morrow County residents had a higher percent of obesity/overweight and a lesser percent of those meeting the CDC recommendation for Physical activity. MCHD offers educational materials and handouts but

do not have any type of formal education in place. Blood pressure checks are also offered free of charge.

COMMUNICABLE DISEASE: Chlamydia continues to be the most common reportable disease for Morrow County (as it is with most of the state). Other CD case numbers remain relatively low for our county and is typically reflective of food or water borne disease.

For comparison, I will share the following data:

2005 there were: AIDS/HIV- 4; Campy - 1; CT+ - 19; Crypto - 1; Pertussis - 1; Salmonella - 3; and Yersiniosis - 1 (**Total = 30**).

2006 there were: AIDS/HIV- 5; Campy - 1; CT+ - 20; E Coli -1; Hep C - 1; Pertussis - 4; and Salmonella – 3 (**Total = 33**).

2007 there were: AIDS/HIV- 6; Campy - 1; CT+ - 22; Crypto - 2; E Coli - 2; Giardia - 1; Gonorrhea – 3; Hep B – 2; HUS – 1; and Salmonella – 1; and Shigella – 2 (**Total = 43**).

The current FTE assigned to CD is .5 FTE. However, this staff person is actually full time so she is able to flex her time somewhat according to the need of each of the programs she serves. In addition, other staff members also provide supports as needed. Therefore disease investigation and follow up is able to be completed in a timely fashion. MCHD works closely with the PCP's, area hospitals, HRSA, labs, Vector Control, Emergency Management, the Extension Office, Fish and Wildlife and others as needed. Information related to health risks, trends or current outbreaks is dispersed to area providers and to the community as appropriate.

DEATHS AND CAUSES OF DEATH: The two leading causes of death in Morrow County (as per 2005 Vital Stats) are Cancer at 29.8% and Heart Disease at 20.8%. Chronic Lower Respiratory Disease causes 7.5% and Cerebrovascular Disease is responsible for another 4.5% of deaths. It is interesting to note that the Morrow County Tobacco Fact Sheet 2009 (provided by the Oregon TPEP program) notes that 32 percent of all deaths in our county can be attributed to tobacco use.

DENTAL: The availability of dental care is very limited in Morrow County. Hayden Dentistry employs two Dentists sharing their time between four different offices (Heppner, Boardman and two in Hermiston). OHP clients are seen in the Boardman office only, on Mondays and every other Friday. In the case of a dental emergency, Hayden may make changes to the schedule or work the client in to be seen sooner. The average wait time for an OHP appointment is one month. Columbia River Community Health

Services is an FQHC offering services per a Dental van that comes to the clinic approximately once a month. Appointments are scheduled through the FQHC and the average wait time is 2 – 3 months. The FQHC also has a contract with Hayden Dentistry for more urgent dental needs with a wait time of 2 – 3 wks. Although Hayden does not offer a sliding scale fee to the general public, clients entering care through the FQHC pay a small fee to the FQHC and are not charged by Hayden for services. MCHD provides education regarding prevention of baby bottle mouth decay and toothbrushes (with oral health education) are provided as a reward following immunization.

DIABETES: Diabetes remains a statistically significant chronic disease within the county and affects approximately 8.5% of the population. The majority of residents are managed by their PCP's within the county. Clients can access an educational program (of 4 sessions) offered continuously through the Good Shepherd Hospital in Hermiston which does require a fee to be paid. MCHD offers limited education information (including basic diet exchange info) and referral is provided as needed.

DOMESTIC VIOLENCE: Domestic violence continues to be a present problem here in our county as it is elsewhere. There are many factors which may contribute to the violence. Alcohol and Drug Abuse have already been identified as a possible cause and was mentioned previously as one of the focus areas of the Comprehensive plan for this very reason. The 2007 Morrow County data per the Oregon Progress Board: notes our rank for Child Abuse or Neglect at 27th (Pos Trend), Unemployment at 24th (Pos Trend, but higher than the state avg.) and Poverty at 20th (Neg Trend). Domestic violence services continue to be offered on a part time basis in Boardman with a bilingual /bicultural support worker.

Under this topic of violence, I would also like to address the issue of bullying. Bullying was not listed specifically as an issue on the Comprehensive Plan survey tool. However, survey participants listed it as “other” enough times to take notice. Although bullying has been around, in some form for a long time, community sources (schools, Juvenile Court) indicate that bullying incidences may be increasing. The chosen strategy is to engage an expert in the dynamics of bullying to build awareness and educate children, parents and teachers of the destructiveness of bullying behaviors and resources and solutions victims of bullying have available to them.

ELEVATED BLOOD LEAD LEVELS: Neither Public Health nor the PCP's within the county currently offer blood lead level screening.

EMERGENCY PREPAREDNESS: Currently MCHD contracts a full time Public Health Preparedness Coordinator. Although this staff member does not reside within the county she is very actively involved with the Public Health Dept. providing informational trainings, exercise opportunities and is actively involved in as needed for any and all "real life" PH CD/Emergency activities as the need arises. MCHD also continues to participate in CSEPP activities, collaborating with and participating in their annual exercise.

ENVIRONMENTAL HEALTH: Environmental Health services are Sub-Contracted with the Umatilla County Health Department.

FOOD BORNE ILLNESS: If the Food Borne Illness is sent to MCHD as a "reportable disease" then we do assume responsibility for investigation and follow up. As far as the necessary inspection, investigation and follow up on the Environmental Health side of the issue, Umatilla County assumes responsibility as per the EH Contracts MCHD.

IMMUNIZATIONS: Columbia River Community Health Services, the FQHC in Boardman began offering immunizations approximately 2 months ago. Prior to this time, MCHD was the only provider of immunizations within the county. MCHD offers walk-in and same day appointments at three clinics per week (two in Boardman and one in Heppner). Our current up-to-date rate for 2 year olds covered with the 4:3:1:3:3:1 series by 12/01/08 is 74%. The comparison rates for our SDA region is 73% and the overall LHD average is 72%. Our current focus areas of improvement: to increase the rate of 24 month olds with their 4th DTaP (our current 2008 rate is 66%); and to continue working to reduce the "Missed Shot" rate of 12% (an improvement from 2007 at 15%). Education and referral as appropriate are also provided during the course of other MCHD service delivery such as home visiting programs, Family Planning, Communicable Disease, etc.

INCIDENCE OF FECAL-ORAL TRANSMISSION OF DISEASE: Many of the reportable communicable diseases are transmitted person to person via the fecal-oral route. MCHD provides investigation and follow up as directed for all reportable diseases communicable in this manner. MCHD has had a history of incidences of recreational water exposure to rivers and streams, or within the farm environment resulting in disease. There is a

natural increase in risk related to a rural, country environment and subsequent possible exposure.

INJURY MORBIDITY AND MORTALITY: The most recent data of 2005 reveals a total of three deaths caused by unintentional injury: MVA – 1; Falls – 1; and Poison-Drugs – 1. MCHD continues to place a high priority on injury prevention. One of our primary areas of focus is transportation safety for all ages. MCHD has Certified Safety Seat Technicians on staff providing education regarding seatbelt/restraint usage for all. Child seat inspections and/or installations are provided free of charge. If a car and/or booster seat are needed, MCHD has resources available from the Umatilla-Morrow SafeKids Coalition and can provide seats at a reduced rate to eligible families.

LIQUID AND SOLID WASTE ISSUES IN THE AREA: Morrow County has a Solid Waste Advisory Committee (SWAC) in place and MCHD has a staff member that attends meetings regularly. Finley Buttes Land Fill has been located within the county for more than ten years and has not posed any problems for Morrow County residents. The Umatilla Army Depot is currently in the process of disposing of the chemicals stored on site. Currently only one chemical remains (Mustard Blister Agent) with projected completion in 2010. Other issues are the location of Hanford, located to the north (across the Columbia River in Washington State), private sewer systems, and agricultural/farming issues including local dairy operations.

LOW BIRTH WEIGHT : This continues to be an indicator that is seems to be closely related to the lack of Prenatal care. There are no prenatal care providers located within Morrow County, so residents are forced to obtain care elsewhere (usually Umatilla County). This may be especially difficult if transportation or income is a concern. The Perinatal Trends Live Births and Infant Mortality Oregon Residents has data available for 2001 – 2007. For comparisons sake I will list the percentages for the most recent 4 years:

2004 Morrow = 6.7%/Oregon = 6.1%;

2005 Morrow = 8.9%/ Oregon = 6.1%;

2006 Morrow = 9.6%/Oregon = 6.1%; and

2007 Morrow = 4.3%/Oregon = 6.1%.

The birth rates for Morrow County are small in number, so a variance of only a few births can greatly affect the percentage. Compare this with the actual number of low birthweight infants in Morrow County for the four years listed above: 2004 = 12; 2005 = 14; 2006 = 15 and 2007 = 7.

Morrow County will most likely be unable to sustain this level of positive change in the next few years.

MENTAL HEALTH: Behavioral Health services are provided in county per a private non-profit agency, Community Counseling Solutions (CCS). One of the primary concerns (and frustrations) of MCHD is that many of the clients accessing our services are low income and may be ineligible for OHP due to legal status. We refer clients for services as appropriate and all referrals are provided a screening. However, if the client is not found to have an extreme need, services are not provided in the absence of a pay source. Limited mental health services available to the adult population in Morrow County continue to be of concern, especially in light of the current economic climate.

OBESITY: This subject was discussed above in the Chronic Disease section as Risk Factors that are Modifiable. The age-adjusted weight contrasted with Physical Activity and compared with the State rates for 2004 – 2007:

The % of adults classified as overweight - 36%, (OR = 36.3%);

The % of adults classified as obese – 37.9%, (OR = 24.1%);

The % of adults who met CDC recommend for phys act - 56%, (OR = 58%).

PHYSICAL ACTIVITY, DIET AND OBESITY: Statistics for adults regarding classified overweight, obese and meeting CDC recommendations were mentioned above. However, dietary practices were not listed. Listed below are these same characteristics contrasted with 8th and 11th graders in addition to dietary significance. The age-adjusted weight contrasted with Physical Activity and compared with the State rates for 2004 – 2007.

Adults:

The % classified as overweight - 36%, (OR = 36.3%);

The % classified as obese – 37.9%, (OR = 24.1%);

The % who met CDC recommend for phys act - 56%, (OR = 58%);

The % who consumed at least 5 servings of fruits and Vegetables per day – 13.6%, (OR = 26.6%).

Modifiable Risk Factors among 11th Graders by County, 2005 – 2006:

The % at risk of overweight – 19.1%, (OR = 13%);

The % overweight – 8.3%, (OR = 10.7%);

The % who met current physical activity levels - 58%, (OR = 49.2%);

The % who consumed ≥ 5 servings of fruits and Vegetables per day – 21.3%, (OR = 18.4%).

Modifiable Risk Factors among 8th Graders by County, 2005 – 2006:

The % at risk of overweight – 15.7%, (OR = 15.3%);

The % overweight – 9.5%, (OR = 10.5%);

The % who met current physical activity levels - 61%, (OR = 58.9%);

The % who consumed ≥ 5 servings of fruits and Vegetables per day – 23.4%, (OR = 24.1%).

Education and information regarding weight, nutrition and physical activity are provided per MCHD in programs such as Family Planning, home visiting and as needed.

POPULATION: (Gender, Age, Race, Geography and Socio-economic status)

The most recent population estimate for Morrow County (from the PSU Research Center, March 2009) is 12,485. There are five major communities; the cities of Boardman and Irrigon along the Columbia River on the north and Ione, Lexington and Heppner located further south. Boardman and Irrigon are the largest of the cities located in the northern portion, and account, for 42% of the total county population. This is a rural county and as such much of the population (42%) exists outside of the incorporated cities. The population has demonstrated a 13.6% increase from 2000 – 2008. The Gender of the population is 47.7% Female and 52.3% Male. Population by Age (contrasted with Oregon): 0 – 17 yrs = 28%, (Or = 23.3%); 18 – 64 yrs = 61% , (Or = 63.8%); and 65 – 85+ = 11%, (Or = 12.9%). The greatest variance in Race/Ethnicity in Morrow County is Hispanic vs Non-Hispanic. Total Population that is Hispanic = 23% vs Non-Hispanic = 77%. Total Births for Morrow County residents in 2007 was 163 (Hispanic = 49.7% vs Non-Hispanic = 50.3%). The percent of Hispanic school students on the north end of the county is >50%. Other racial and/or ethnic minorities are present in very small numbers. The county extends from the Columbia River on the north to the Blue Mountains on the south and consists of 2059 square miles. The elevation varies from 250 feet on the Columbia River to 6,000 feet in the Blue Mountains. The economy of Morrow County is based on agriculture, food processing, dairies, utilities, forest products, livestock and recreation. There is a variance in socio-economic status which varies from one end of the county to the other. Morrow County currently ranks 21st in the State for Per Capita Income (Overall), 23rd for Unemployment and 22nd for Poverty (Overall). The overall income situation is reflected in the 2007 Community Action Agency statistic; students eligible for Free/Reduced lunches = 65%.

PREMATURE BIRTH: The only data I was able to locate specific to premature births was from the “Demographic Profile of Morrow County, 2005” reporting 9.9% of all births compared with the State rate of 8.1%. In addition, data relating to Low Birth Weight was reviewed for further insight for infants born prior to 37 weeks gestation. The Perinatal Trends Live Births and Infant Mortality Oregon Residents data for 2001 – 2007 were reviewed. For comparisons sake I will list the percentages for the most recent 4 years available:

2004 Morrow = 6.7%/Oregon = 6.1%;

2005 Morrow = 8.9%/ Oregon = 6.1%;

2006 Morrow = 9.6%/Oregon = 6.1%; and

2007 Morrow = 4.3%/Oregon = 6.1%.

The birth rates for Morrow County are small in number, so a variance of only a few births can greatly affect the percentage.

PRENATAL CARE: Morrow County has only one hospital located within the county and it does not offer delivery services (other than emergency situations). Additionally there are not any providers of prenatal care residing within the county. These two facts have an impact on the ability of residents to access adequate prenatal care and the Oregon benchmark reflects this inadequacy as Morrow County continues to rank 35th in the state. This is borne out in the Oregon Vital Statistics Annual Report that identifies both First Trimester Care and Inadequate Prenatal Care by County of Residence. These values compared with the State are as follows:

2006 First Trimester Care – Morrow = 64.1%, Oregon = 79.2%;

2006 Inadequate Prenatal Care – Morrow = 13.6%, Oregon = 6.2%;

2007 First Trimester Care – Morrow = 63.2%, Oregon = 78.4%; and

2007 Inadequate Prenatal Care – Morrow = 9.9%, Oregon = 6.4%.

MCHD has made efforts to encourage and promote early prenatal care through education and supports. MCHD participates in the Oregon Mother’s Care (OMC) program to expedite the process of applying for the OHP and an appointment is scheduled usually the same day, with the PCP in an effort to improve early access to prenatal care. MCHD also works very closely with the WIC program. Although WIC is managed by a separate agency, WIC staff utilize the Public Health offices both in Boardman and Heppner to serve clients. WIC staff refer immediately and directly to MCHD staff, all newly identified pregnant women. MCHD also utilizes a portion of the MCH grant funding from DHS to pay a stipend for clients (ineligible for OHP due to legal status) to access prenatal care. The FQHC in Boardman, Columbia River Community Health Services (CRCHS) offers prenatal care

through a contract with two different OB/GYN practices (one located in Hermiston and one in Pendleton). Clients are given a choice regarding which provider they prefer and CRCHS offers transportation services for those in need. CRCHS refers eligible clients to MCHD to access the funds targeted to support prenatal care access. Additionally, MCHD contracts for prenatal care services with Mirasol Family Health Center (formerly known as Hermiston Community Health Center) which is located in Hermiston.

SAFE DRINKING WATER: The safety of drinking water is monitored through a State DHS facility located in Umatilla County (Pendleton). Issues, concerns or questions regarding the safety or monitoring of water systems are referred to this agency. If a private individual requests water testing, they are referred to a private lab in Pendleton that provides this service.

SAFETY NET MEDICAL SERVICES: MCHD played an integral part in the acquisition of the local FQHC in Boardman which began operation in Jan 2005. The FQHC has been a much needed addition to our medical service delivery system in Morrow County. The Morrow County Health District also provides financial support to the FQHC annually. Additionally the Health District manages two medical clinics (one in Heppner and one in Irrigon), the Hospital and EMS services. All of the Health District medical services also provide care on a sliding fee scale. MCHD has a close and collaborative working relationship with both of these agencies. MCHD provides information regarding area providers for client referral to primary care as needed.

TEEN PREGNANCY: The Oregon Progress Board most recent data for Teen Pregnancy currently ranks Morrow County at 26th in the State for this benchmark and that the trend is positive. One of the things that is a bit of a disadvantage for smaller population counties is that a difference of only one or two can make a huge statistical difference in the data. A case in point is that according to the 2003 benchmark, we had a ranking of “21” at that time. The other data that we can use for additional insight is that in 2006 there were a total of 6 abortions performed on Morrow County residents. Four of the abortions were on teens aged $\leq 15 - 19$ yrs of age.

TOBACCO USE: Morrow County currently has a full time staff member dividing her time between two focus areas: community health education and tobacco prevention and education. This has been a huge asset in providing Tobacco education and support not only to the public, but also to business owners and managers. This was especially helpful with the SmokeFree Workplace Laws that became effective January 2009. The Morrow County Tobacco Fact Sheet 2009 provided by Oregon TPEP has provided a wealth of information that can also be used for educating the public. Currently 2,040 adults in Morrow County regularly smoke cigarettes, 32% of all deaths are attributable to tobacco use and over \$4,000,000 are spent on medical care for tobacco related illnesses each year. Infants born to mothers who used tobacco during pregnancy was 14% compared with the State rate of 12%. Current adult tobacco use in Morrow County is 23% compared with a state rate of 19%. Cigarette smoking of both 8th graders = 6%, compared with the state at 9% and 11th graders is 13% compared with the state rate of 17%. However, it is the use of smokeless tobacco that is most alarming. Smokeless tobacco seems to be for the most part gender specific, so the statistics reflect the use of males: 8th grade = 12% vs the state at 5%; and 11th grade use is 21% vs a state rate of 12%. One of the reasons to which I had attributed this variance (in the past) was the “cowboy” image/mentality of living in a rural “country” environment. However, statistically the Morrow County percentages are significantly higher than neighboring Umatilla which has some of these same factors. The Oregon Vital Statistics Annual Report of 2005 identifies the rate of tobacco linked deaths for Morrow County at 29.9% compared with a state rate of 22.4%.

UNINTENDED PREGNANCY: It is difficult to identify an actual number of unintended pregnancy as I was unable to locate specific data for this measure. Therefore I will default to the Oregon Vital Statistics 2006 Report for data regarding the number of pregnancy terminations. The total number of abortions performed for Morrow County residents in 2006 = 6. The data is not broken down by age group as reporting of small numbers may breach confidentiality. Of the six total, four were age $\leq 15 - 19$ yrs and two were ages 20 – 40+ yrs.

UNDERAGE DRINKING: Underage drinking continues to be a huge problem here in Morrow County. This was identified as a focus area in the January 2008 Comprehensive Plan document. It was decided that in order to address the broader spectrum of Teen Alcohol and Teen Drug Abuse, these two areas were combined into one strategy. Alcohol appears to be the drug

of choice with 8th graders reporting 37% usage within the last 30 days before the Oregon Healthy Teens survey as compared to 14% use of drugs being reported by the same age group over the same time period. Morrow County's ranking for 8th grade alcohol use is 16th in the state. We rank 11th in the state for drug use. Current prevention efforts occurring in all Morrow County middle schools are the Northland Project, a program focused on reducing alcohol use by youth. The County's Alcohol and Drug Prevention Coordinator presents prevention information annually to classrooms throughout the two school districts. I would like to note that the Oregon Healthy Teens survey of 11th graders reported a 51.5% usage of alcohol within the last 30 days. The county schools continue to have a drug free policy in place for all students participating in sports and when attending school or school sponsored events. Parents of 2008 graduates were also proactive and worked together to sponsor an Alcohol and Drug Free Graduation celebration at the Heppner High School. A similar event is being planned again for this year. The Commission on Children and Families advisory committee also allocated funds to support each of the schools within the county that are planning and promoting Alcohol and Drug free celebrations for their graduates.

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III. Action Plan

Extent to which Morrow County Health Department provides the five basic services contained in statute (ORS 431.416).

A. Epidemiology and control of preventable diseases and disorders

Communicable Disease Investigation and Control:

MCHD meets this standard as outlined in the minimum standards for basic services in OAR 333-014-0050 (2) (a) and ORS 431.416 (2) (a) for Epidemiology and control of preventable diseases and disorders. We currently have a .5 FTE CD Coordinator that is actually a full time staff member sharing duties between CD and Community Health education (including TPEP responsibilities). Additionally there are other staff members offering nursing supports to the CD program including case investigation, case management and follow up as needed. Communicable Disease investigation and follow up continues to be completed in a timely fashion. We have recently accessed the Web based investigation and follow up software program currently offered by Multnomah County. The MCHD continues to work closely with the PCP's, area hospitals, HRSA, labs, vector control, emergency management, the extension office, Fish and Wildlife, and other agencies or individuals as appropriate. Information related to health risks, trends or current outbreaks is also relayed to others appropriate. MCHD has three staff members that share responsibilities for the 24/7/52 pager system. In this way, MCHD is able to begin investigating outbreaks, and investigating, responding, and implementing control measures for reportable diseases as specified in the investigative guidelines.

Tuberculosis Case Management:

MCHD has TB protocols in place that were adopted 06/2006 addressing Screening for TB Disease and Infection, Treatment of Latent TB Infection, Treatment of Active TB, and TB Duties and Training. All MCHD staff involved in the CD program, follow this protocol in caring for clients presenting with any TB concerns.

Tobacco Prevention, Education, and Control:

MCHD was awarded a TPEP grant and began participating in the program in January 2008. The TPEP application and plan for FY 10 was submitted to the State TPEP program per Kylie (Meiner) Menagh 02/26/09. MCHD received notification from the TPEP program 04/09/09, advising that the application/plan had been “accepted with required/recommended modifications”. See the attached Morrow County TPEP plan for further information.

B. Parent and child health services, including family planning clinics as described in ORS 435.205

WIC:

N/A. MCHD is not the provider of WIC services in Morrow County. WIC services are administered through Umatilla-Morrow County HeadStart. MCHD has a strong working relationship with the WIC program. WIC staff utilize the Public Health offices both in Boardman and Heppner to serve Morrow County clients. A MOA is currently in place between MCHD and Umatilla-Morrow HeadStart.

Immunizations:

The FY 09 Immunization was reviewed and a progress report submitted. A new 3 year Continuous Quality Improvement Plan and Alert Promotion Plan have been written for FY 10 and submitted to the Immunization plan separate from this document. For further information, refer to the Immunization Plans attached to the Morrow County LPHA FY 10 Annual Plan.

MCH Programs:

Overview of home visiting program offered per MCHD:

MCHD offers Maternity Case Management (MCM), Babies First, and CaCoon visits but the number of clients served within these programs continue to be limited due to staffing constraints. We are also the county provider of the Healthy Start program through the local Commission on Children and Families. The Healthy Start Program is augmented by these other home-visiting programs (MCM, Babies First and CaCoon) as it is housed within a public health office. The Healthy Start program supervisor is a RN and she herself is trained in these other home visiting programs. Should a concern

arise relating to the client ie growth and development, she can provide a Babies First home visit to further assess the situation providing screening, follow-up and/or referral to another program as appropriate.

Perinatal Health:

The Perinatal Health goal is to increase access to early and adequate prenatal care with the belief that this will positively impact our preterm delivery and low birth weight rates. Morrow County has only one hospital located within the county and it does not offer delivery services (other than emergency situations). Additionally there are not any providers of prenatal care residing within the county. These two facts have an impact on the ability of residents to access adequate prenatal care and the Oregon benchmark reflects this inadequacy as Morrow County continues to rank 35th in the state. This is borne out in the Oregon Vital Statistics Annual Report that identifies both First Trimester Care and Inadequate Prenatal Care by County of Residence. These values compared with the State are as follows:

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2007 First Trimester Care – Morrow = 63.2%, Oregon = 78.4%; and

2007 Inadequate Prenatal Care – Morrow = 9.9%, Oregon = 6.4%.

MCHD has made efforts to encourage and promote early prenatal care through education and supports. MCHD participates in the Oregon Mother's Care (OMC) program to expedite the process of applying for the OHP and an appointment is scheduled usually the same day, with the PCP in an effort to improve early access to prenatal care. MCHD also works very closely with the WIC program. Although WIC is managed by a separate agency, WIC staff utilize the Public Health offices both in Boardman and Heppner to serve clients. WIC staff refer immediately and directly to MCHD staff, all newly identified pregnant women. MCHD also utilizes a portion of the MCH grant funding from DHS to pay a stipend for clients (ineligible for OHP due to legal status) to access prenatal care. The FQHC in Boardman, Columbia River Community Health Services (CRCHS) offers prenatal care through a contract with two different OB/GYN practices (one located in Hermiston and one in Pendleton). Clients are given a choice regarding which provider they prefer and CRCHS offers transportation services for those in need. CRCHS refers eligible clients to MCHD to access the funds targeted to support prenatal care access. Additionally, MCHD contracts for prenatal care services with Mirasol Family Health Center (formerly known as Hermiston Community Health Center) which is located in Hermiston.

Infant and Child Health:

We continue to struggle with limited nursing time to devote to the various home visiting programs. MCHD has two Community Health Nurses that participate in the home visiting programs, but with different roles. One is the acting supervisor of the Healthy Start program and is trained in each of the other home based programs. As such, she is a resource to the Healthy Start program in that she can provide further assessment, screening, follow-up and/or referral to another program as appropriate. The other CHN is at .8 FTE with her time divided between the clinics, among other related public health duties. This CHN is the primary provider of the other home visiting services (MCM, Babies First and CaCoon programs), so it is easy to see why staff time to devoted to home visiting is limited. MCHD continues to strive to increase the provision of home visiting services.

MCHD provides education to promote health on a variety of subjects. MCHD provides education to pregnant women regarding the benefits of breastfeeding and this message is also promoted when providing services in the home. The Healthy Start LHP's also attended a training session this last April promo-ting Breastfeeding. MCHD also provides breastfeeding women with prenatal vitamins. Back to sleep information is provided to all pregnant women and is also taught "in the home" through other programs. Other health education includes "tummy time" (play to encourage motor development during wake time), healthy and safe environments (including smoke-free), oral health and the importance of a consistent health care provider home with an emphasis on prevention with immunizations and well child care. The home visiting services also provide developmental screenings with appropriate follow-up and/or referral as needed.

Adolescent Health:

MCHD promotes access to primary care to this age group with referral as indicated for other medical and/or mental health services as indicated. Preventive care is promoted including well child care. Adolescent clients are provided health education as appropriate to their individual needs.

Oral Health:

Oral health education is provided ongoing to all age groups of children. Toothbrushes are provided as a reward following immunization, with these oral health messages. Information regarding the importance of oral health is also provided as a part of our prenatal education packet.

Nutrition and Physical Activity:

These are areas of concern for our county. Education and information are provided within many of the Public Health programs such as Family Planning and home visiting. These topics are also discussed and clients are counseled regarding their BMI with an emphasis on healthy activities, lifestyle and nutritional choices.

Family Planning:

MCHD meets this standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416) and family planning clinics as described in ORS 435.205. Currently family planning services are provided three days per week (two days in Boardman and one day in Heppner) for education, counseling and supplies. We also contract with a Nurse Practitioner to provide women's health exams and STD checks two days per month in Boardman in addition to 2 or 3 exam days per year in Heppner (based on client need). The family planning program continues to be very successful with new clients coming into the program regularly. The Oregon Family Planning 2008 Annual Report Data shows that 49% of the county's Women in Need (WIN) Population are served by Public Health. We also offer the Oregon Mother's Care (OMC) program (as referenced previously) to expedite the process of follow up after a positive pregnancy test; assisting the client in identifying and accessing resources to support and encourage access to early prenatal care. The Family Planning FY 10 Annual Plan has been submitted to the State FP Program separate from this document. Please see the FP plan attached with the MCHD LPHA FY 10 Annual Plan for further information.

C. Environmental Health

MCHD meets this standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416). Environmental Health services are contracted to Umatilla County.

D. Health Statistics

MCHD meets this standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416). NOTE: Vital Statistics are maintained in the Morrow County Clerks office.

E. Health Information and Referral Services

MCHD meets this standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416). Health education and information are provided to clients as indicated with referral as appropriate. Additionally presentations are made as requested and as appropriate on a variety of topics to community groups, chambers, etc. Primarily the information requested has been regarding communicable disease, tobacco education and prevention and emergency preparedness. MCHD also participates in a variety of community events (ie health fairs, the annual children's fair, the county fair, child safety seat clinics, etc.) providing a variety of health information in addition to information regarding services MCHD has to offer.

F. Public Health Emergency Preparedness

MCHD meets the requirements of the Public Health Preparedness program. MCHD currently contracts for a full time Preparedness Coordinator. All program requirements are met, including the creation of emergency planning documents, protocols and exercise activities. All staff is involved in exercise education and events. All reports and plans are submitted in a timely fashion. The program is reviewed annually each year per the DHS Preparedness Regional Liaison for our area. This position was just recently filled for our county and MCHD has been advised of a tentative plan for the Preparedness review to take place in late July or August of 2009.

G. Other Issues

There are no other substantial changes or issues for MCHD to report at this time.

IV. Additional Requirements

The Morrow County LPHA is the County Judge and the Board of Commissioners of which he is a part. The Morrow County Court also oversees the local CCF as a department separate from the Public Health Department. The County Court meets together each week to address county issues. The MCHD also attends county court each quarter to provide updates regarding Public Health issues, changes, plans and concerns.

The Public Health Department and the LCCF work very closely together on a variety of issues including the completion of the most recent Comprehensive Plan January 2008 and the subsequent updating of this information. In response to Senate Bill 555: The LCCF is overseen by the County Court (as represented in the organization chart) as a separate entity from the Public Health Department.

See the attached Organizational Chart for additional information and clarification.

V. Unmet Needs

One of the largest gaps of Public Health services in Morrow County has already been addressed extensively regarding the lack of Prenatal Care.

VI. Budget

Projected Revenue sheets to be submitted in July 2009. Projected FY 10 budgets for the Immunization and the Family Plan have been submitted as attachments with this LPHA FY 10 Annual Plan. Tentative Approval per County Budget Committee of Public Health budget for FY 2010, April 2009. Awaiting final approval per the Morrow County Court. County Budget information is available upon request.

Contact Information for Morrow County budget information is as follows:

Morrow County Accountant
P.O. Box 867
Heppner, Or 97836
Phone (541) 676-5616

VII. Minimum Standards

Organization

1. Yes No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No ___ The Local Health Authority meets at least annually to address public health concerns.
3. Yes No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No ___ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No ___ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No ___ Local health officials develop and manage an annual operating budget.
8. Yes No ___ Generally accepted public accounting practices are used for managing funds.
9. Yes No ___ All revenues generated from public health services are allocated to public health programs.
10. Yes No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No ___ Personnel policies and procedures are available for all employees.
12. Yes No ___ All positions have written job descriptions, including minimum qualifications.
13. Yes No ___ Written performance evaluations are done annually. **The goal is that each employee will receive an individual review annually.**
14. Yes No ___ Evidence of staff development activities exists.

15. Yes No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No ___ Records include minimum information required by each program.
17. Yes No ___ A records manual of all forms used is reviewed annually.
18. Yes No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No ___ Filing and retrieval of health records follow written procedures.
20. Yes No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No ___ Health information and referral services are available during regular business hours.
23. Yes No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

NOTE: All Vital Statistics are maintained at the County Courthouse in the Clerk's office.

24. Yes No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No ___ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No ___ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

NOTE: Morrow County has a Deputy Medical Examiner and this position is “housed” within the Count District Attorney’s office.

- 28. Yes No ___ A system to obtain reports of deaths of public health significance is in place.
- 29. Yes No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
- 30. Yes ___ No Health department administration and county medical examiner review collaborative efforts at least annually.
- 31. Yes No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
- 32. Yes No ___ Written policies and procedures exist to guide staff in responding to an emergency.
- 33. Yes No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
- 34. Yes No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
- 35. Yes No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
- 36. Yes No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

- 37. Yes No ___ There is a mechanism for reporting communicable disease cases to the health department.
- 38. Yes No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No ___ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

Morrow County Health Department assumed the responsibility for Environmental Health services 01/01/06 with a Sub-Contract for services in place with Umatilla County Health Department.

47. Yes No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No ___ Training in first aid for choking is available for food service workers.
50. Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

NOTE: The Oregon DHS has a Drinking Water Program office located in Umatilla County which address' drinking water issues for Morrow County.

51. Yes N/A No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes N/A No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes N/A No ___ Compliance assistance is provided to public water systems that violate requirements.
54. Yes N/A No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes X No ___ A written plan exists for responding to emergencies involving public water systems. **Response to water emergencies is addressed within current emergency plans. Other services are per State DHS (as above).**
56. Yes N/A No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes N/A No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes N/A No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes X No ___ School and public facilities food service operations are inspected for health and safety risks. **EH services as per Umatilla County.**
60. Yes X No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12. **EH services as per Umatilla County.**
61. Yes X No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. **A Morrow County Health Department staff member participates on the Morrow County Solid Waste Advisory Committee (SWAC).**
62. Yes X No ___ Indoor clean air complaints in licensed facilities are investigated. **Services provided per Umatilla County EH and/or State DHS**

63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated. **Services provided per Umatilla County EH and/or State DHS.**
64. Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. **Services provided per Umatilla County EH and/or State DHS.**
65. Yes No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. **Services provided per Umatilla County EH and/or State DHS.**
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448. **Services provided per Umatilla County EH and/or State DHS.**

Health Education and Health Promotion

67. Yes No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No ___ The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No ___ Local health department supports healthy behaviors among employees.
71. Yes No ___ Local health department supports continued education and training of staff to provide effective health education.
72. Yes No ___ All health department facilities are smoke free.

Nutrition

73. Yes No ___ Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:
- a. Yes N/A No ___ WIC Services provided per Umatilla-Morrow Headstart.
 - b. Yes X No ___ Family Planning
 - c. Yes X No ___ Parent and Child Health
 - d. Yes X No ___ Older Adult Health (**As appropriate**)
 - e. Yes N/A No ___ Corrections Health (**No corrections facility exists in Morrow County**)
75. Yes X No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes X No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes X No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes X No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes X No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes X No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes X No ___ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education. **This is accomplished through the provision of information and/or referral to the appropriate resource/s.**

Parent and Child Health

82. Yes X No ___ Perinatal care is provided directly or by referral.
83. Yes X No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No ___ Comprehensive family planning services are provided directly or by referral.
85. Yes No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No ___ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No ___ There is a system in place for identifying and following up on high risk infants.
89. Yes No ___ There is a system in place to follow up on all reported SIDS deaths.
90. Yes No ___ Preventive oral health services are provided directly or by referral.
91. Yes No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. **Through Education.**
92. Yes No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes No ___ The local health department identifies barriers to primary health care services.
94. Yes No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No ___ Primary health care services are provided directly or by referral.
97. Yes No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No ___ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No ___ The local health department assures that advisory groups reflect the population to be served.

102. Yes No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Sheree Smith RN

- Does the Administrator have a Bachelor degree? Yes ___ No X
- Does the Administrator have at least 3 years experience in public health or a related field? Yes X No ___
- Has the Administrator taken a graduate level course in biostatistics? Yes ___ No X
- Has the Administrator taken a graduate level course in epidemiology? Yes ___ No X
- Has the Administrator taken a graduate level course in environmental health? Yes ___ No X
- Has the Administrator taken a graduate level course in health services administration? Yes ___ No X
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes ___ No X

- a. Yes ___ No X The local health department Health Administrator meets minimum qualifications:

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

- b. Yes ___ No X The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

- c. Yes N/A No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

EH services are Sub-Contracted with Umatilla County Health Department.

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

- d. Yes X No ___ The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

Agencies are **required** to include with the submitted Annual Plan:

The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Terry Tallman, County Judge
Local Public Health Authority

Morrow County
County

05/01/09
Date

VI. Minimum Standards Response

Regarding The Health Department Personnel Qualifications Of the Public Health Administrator and the Supervising Public Health Nurse

As discussed in previous Annual Plans, not all of these requirements have been met here in Morrow County. We are a small rural county which employs three Community Health Nurses (CHN's) in addition to the Administrator/Supervising nurse position/s. Although the CHN's take on some of the supervisory duties of other LHD staff, the position of Administrator and Supervising Public Health Nurse are held by the same person, Sheree Smith.

The Public Health Administrator/Supervising Public Health Nurse graduated from a Diploma School of Nursing and has a current RN license. Prior to starting my career in Public Health, I worked at Pioneer Memorial Hospital as a charge nurse for twelve years. I have had many years of experience in Public Health having started my Public Health career 18 years ago as a home visit nurse. Originally I worked in the Babies First, MCM, and CaCoon programs before being trained and working in the Nurse Family Partnership (NFP) program for the last 2 ½ years before moving into the Public Health Director position seven years ago.

I value education and although I have not attended any formal college classes since graduation from Nursing, I have tried to participate in trainings as much as possible. I did participate in the Public Health Nursing Leadership Institute (PHNLI) in 2006. I have also attended CLHO Meetings as much as possible and I plan to attend more regularly in the future (if not in person, then via video conferencing).

I have attended OPHA for the last several years and am a member of the Nursing section, with plans to attend the conference again this fall. I have also attended the AOPHNS Conf. each spring for the last several years but am unable to attend this year due to scheduling conflicts.

I have been exploring various internet sites for trainings that can be accessed distantly in an effort to increase my knowledge base. The following is a list of training institutes and possible trainings to attend:

Northwest Center for Public Health Practice

This site offers a variety of online modules. The most applicable are a variety of applicable Epidemiology courses in addition to two especially timely topics. I would like to participate in the following trainings:

- Emergency Distribution of Pharmaceuticals**
- Basic Concepts in Data Analysis**
- Workforce Resiliency**

Pacific Public Health Training Center

This site offers four different Public Health Nursing trainings which may be helpful and I would like to explore further:

Section One: Public Health

Section Two: Public Health Nursing

Section Three: Public Health Practice

Section Four: Your Public Health Nursing Practice

Center for Health Training

We as a Public Health Department have utilized this agency for a variety of trainings in the past (both on site conferences and webinars). I did not identify any trainings at this time that I wish to attend, but I will continue to revisit this site for future offerings.

National Association of County & City Health Officials (NACCHO)

The following training was identified:

E-MCH Series – The Emerging Issues in Maternal Health, series provides cutting edge research, policy, and programmatic strategies for the most pressing issues facing Public Health.

Public Health Foundation (PHF)

I will plan to use this site as a resource in the future.

I will also continue to explore the RN to BSN programs to further my education, but no definitive plans have been made at this time.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY'10**

July 1, 2009 to June 30, 2010

Agency: Morrow County

Contact: Sheree Smith

Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>1.) Changes in the FPEP enrollment (including additional documentation requirements) have led to increased staff time without additional reimbursement threatening the ability of the agency to maintain current level of service.</p>	<p>1. Increase revenue by actively encouraging clients to make donations. Increase the average donation amount by 5% in FY 2010.</p>	<ul style="list-style-type: none"> • Review donation policy; staff to encourage client to pay what they are able at the time of service • Continue this policy consistently with every client. 	<ul style="list-style-type: none"> • Quarterly and Fiscal Year End Revenue reports. • Staff Feedback
	<p>2. Provide a Super Bill to 100% of client at each FP visit.</p>	<ul style="list-style-type: none"> • Provide a Super Bill at each visit so that client is aware of the value of the service received. 	<ul style="list-style-type: none"> • Staff Feedback re: consistency • Client Feedback regarding increased knowledge of the actual value of the service (Informal ie Client comments)
	<p>3. Increase the number of clients providing the required documentation with an expected increase in the number of eligible clients</p>	<ul style="list-style-type: none"> • Develop a system for tracking and follow-up of clients that have not returned with the needed info. • Staff to offer assistance as needed • "In-House" Staff trained as Notary in each office by 08/01/09. • Display a list of required documentation for FPEP. 	<ul style="list-style-type: none"> • Track the status of clients quarterly regarding completion of needed documentation. • Compare FPEP revenue with the previous year. • Display list of required info • Use FPEP eligibility algorithm

2.) Advancements in the medical community resulting in the need to obtain additional knowledge/training in order to continue to provide “best practice” care in the Family Planning program	1 .Increase staff knowledge and competency working within the Family Planning program by having each FP staff member attend a minimum of 1 training event related to their FP role in FY 2010.	<ul style="list-style-type: none"> • Attendance of staff at trainings offered through the State, CHT, locally, etc. • Review trainings available at each staffing (if applicable to our program and which staff should attend). • Staff attending will provide a brief in-service at next staffing for other staff members unable to attend. 	<ul style="list-style-type: none"> • Review the number of trainings attended in FY 10 • Review the number of different staff members attending training and review the applicability to their FP responsibilities and duties, in FY 10. • Review at each staffing, any trainings attended and provide an appropriate amount of time for the information to be shared.
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Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
1.) Clients verbalizing interest in a BCM (Implanon) not currently available at MCHD	1. Include Implanon as a BCM offered at MCHD by 08/01/09.	<ul style="list-style-type: none"> • Obtain training for NP (Done 03/09) • Adopt Implanon Protocol • Obtain Implanon Supply/instruments • Review Implanon policy with all staff prior to implementation. 	<ul style="list-style-type: none"> • All Activities accomplished and method to be available to clients in FY 2010 by projected date of 08/01/09.

Progress on Goals / Activities for FY 08

Goal / Objective	Progress on Activities
<p>#1 Changes in FPEP eligibility requirement resulting in fewer “eligible” clients causing decreased revenue.</p> <ul style="list-style-type: none"> • Obtain revenue through donations. • Provide Super Bill to increase the clients knowledge of service value • Use of client “Rewards” 	<p>Donations have continued to increase slowly overall and we felt that this is an area in which we need to continue to improve. Staff have become much more comfortable discussing the service value and the donation policy with clients. Some clients seem to be genuinely surprised at the actual value of the service and that funding supports are received from the Fed Gov, without any guarantee of continued funds. In addition we had tried to offer a reward (coffee card) to clients providing all of the necessary documentation. Questions arose regarding the equality of this practice (to all clients) and the Espresso business we chose Closed a few months after we had purchase the cards. We have decided to continue working on this problem in FY 10.</p>

<p>#2 Information inserts of BCM have limited information and this information is usually not available in Spanish.</p> <ul style="list-style-type: none"> • Provide method specific fact sheet for each method offered in both English and Spanish 	<p>The Family Planning clinic Supervisor (Robin Bredfield) took this task to heart and made sure that the task was completed. She contacted State Staff as well as other LHD's for assistance in collecting the necessary information to formulate Fact Sheets for each of the BCM's offered at MCHD. She then utilized Bi-Lingual staff within our agency to complete the process of translating all materials into the Spanish language. The Fact Sheets are now completed and are offered to each clients as a resource specific to their chosen method.</p>		
<p>#3 High "No Show" rate at FP clinics</p> <ul style="list-style-type: none"> • Provide appt card and provide a reminder ph call prior to the exam day. Staff will "Stress" the importance of keeping the scheduled appointments and maintain a "waiting list". 	<p>Staff have consistently given appt. cards when the exam was scheduled, reminder phone calls are placed to each client 1-3 days before the clinic date, clients are encouraged to keep their appointments as clinic dates are limited and a waiting list is maintained so that if a client cancels or is a "no show", others are called on the list to come for an exam that same day. The "No Show" rate has shown improvements with these supports.</p>		

OREGON DEPARTMENT OF HUMAN SERVICES
PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY
For the Period July 1, 2009 - June 30, 2010

Agency: Morrow County Estimated Budget

A. Revenues	Estimate	Total
Program Income		\$6,390
1. Client Fees – Self-Pay	\$2,000.00	
2. Donations	\$390.00	
3. Third Party Insurance Reimbursement	\$4,000.00	
Other Revenue:		\$133,049
State FP Grant	\$28,000.00	
Medicaid / OHP	\$800.00	
FPEP	\$15,000.00	
County General Funds	\$88,949.00	
Other (please identify) Prgm Reimbursements	\$300.00	
Total Revenue		\$139,439

B. Expenditures		Total
1. Personal Services (Salaries & Benefits)		\$88,827
2. Services and Supplies		\$50,612
3. Capital Outlay		\$0
Total Expenses		\$139,439

Estimated expenditures for the Family Planning Program should reflect the total cost of the program. It is not necessary to separate Title X and FPEP expenses.

This project budget will be used to meet the Title X Grant application requirement.

Sheree Smith (541) 676-5421
PREPARED BY PHONE

Sheree Smith, Public Health Director 4/27/09
AUTHORIZED AGENT DATE

APPENDIX

Local Health Department: Morrow County
Plan A - Continuous Quality Improvement: Improve Immunization Coverage
Fiscal Years 2008-2010 See newly submitted CQI Immun. Plan for FY 2010 - 2011

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Decrease percent of Missed Shots.	1. Always obtain forecast prior to giving immun. 2. Give ALL indicated vaccinations at time of service unless parent refuses.	- Percentage of missed shots to be decreased to 10% by next year (2008 data with updated criteria).	MCHD did demonstrate a decrease in the missed shot rate (from 15% in 2007) to 12% in 2008.	This seems to be a primary area in which we can have a significant impact which will then have a positive impact on other immunization rates. MCHD will continue this Obj in FY 10
B. Increase percent of 24-mos olds covered with DTaP 4.	1. Reminder sticker on Imm record reflective of minimal spacing. 2. Provide card with clinic day/hours. 3. Review clinic day/hour info with WIC partners.	-Increase in percent of DTaP 4 to 72% at 24 mos of age by next year (2008 data).	This objective has continued to be a struggle. In spite of the activities that were implemented, we have shown a decrease in 2008 to 66%!	This objective continues to be a concern. Not only did we fail to improve this rate, it is actually worse in 2008. For this reason, MCHD has chosen to continue to work on this Obj in FY 10.

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Morrow County
Plan B - Chosen Focus Area: ALERT Promotion
Fiscal Years 2008-2010 See newly submitted Alert Plan for FY 2010 - 2011

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A Increase promotion of ALERT Immunization Registry thereby increasing usage by community partners.	1. Continue follow up with schools and other community partners such as Daycares and Pre-schools. 2. Offer information, education, training and/or assistance as needed.	• Increase the use of the ALERT registry based on numbers of users for Morrow County.	Reaching out to the schools in an effort to increase the use of the ALERT system has been an ongoing struggle.	The previous Imm Coord retired in October, without the benefit of training new staff. The Primary Review was a particular challenge for the “new” Imm Coord, and we are looking forward to lessening the load with an increase in ALERT use in the schools in FY 10.
B.			To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department: Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease Calendar Years 2009-2011

Year 1: July 2009-December 2009					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase Morrow County Health Department rate of 24 month olds with their 4th DTaP by 2% each year over the next 3 years.	1. Use IRIS/ALERT to screen every child at every visit. 2. Entering all doses administered into IRIS within 14 days 3. Give all shots due unless truly contra-indicated and/or parent refuses. 4. Provide parents with a written reminder (sticker with highlighted date), written "appt" card and suggest reminder in cell phone, for return to clinic for next vaccines. 5. Utilize IRIS/ALERT 4 th DTaP report ea qrtr.	Begin 07/09 Begin 07/09 Begin 07/09 Begin 07/09 Begin 10/09	Cleric Cleric RN Cleric Cleric	2009 Timeliness report form OIP Demonstrate improvement (increase) from 66% in 2008, to 68% in 2009.	To be completed for the CY 2009 Report To be completed for the CY 2009 Report
B. Decrease the Morrow County Health Department missed shot rate 2% each year for 3 years.	1. Use IRIS/ALERT to screen every child at every visit. 2. Entering all doses administered into IRIS within 14 days 3. Give all shots due unless truly contra-indicated and/or parent refuses. 4. Review IRIS/ALERT reports quarterly for shot deferrals and discuss with staff.	Begin 07/09 Begin 07/09 Begin 07/09 Begin 07/09	Cleric Cleric RN Cleric	2009 Timeliness report form OIP Demonstrate improvement (decrease) from 12% in 2008, to 10% in 2009.	To be completed for the CY 2009 Report To be completed for the CY 2009 Report

Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 2: January 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase Morrow County Health Department rate of 24 month olds with their 4 th DTaP by 2% each year over the next 3 years					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
B. Decrease the Morrow County Health Department missed shot rate 2% each year for 3 years.					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase Morrow County Health Department rate of 24 month olds with their 4th DTaP by 2% each year over the next 3 years					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
B. Decrease the Morrow County Health Department missed shot rate 2% each year for 3 years					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

**Due Date: May 1
Every year**

Year 1: July 2009-December 2009					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the number of School ALERT participants to 100%, in Morrow County.	1. Commit staff time and resources to this project. 2. Assess the level of use of ALERT in all Morrow County Schools and identify schools needing assistance. 3. Meet with individual schools to promote, provide individual training and register them for ALERT.	08/09 Admin 09/09 Admin /Cleric Begin 11/09 Cleric	Increase the number of schools participating in the ALERT system to 100% by 06/30/10. Increase the number of schools using the ALERT system to forecast needed immunizations to 75% by 06/30/10.	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
				To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education Calendar Years 2009-2011

Due Date: May 1
Every year

Year 2: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the number of School ALERT participants to 100%, in Morrow County.	1. Commit staff time and resources to this project. 2. Assess the level of use of ALERT in all Morrow County Schools and identify schools needing assistance. 3. Meet with individual schools to promote, provide individual training and register them for ALERT.	Cont.	Admin	Increase the number of schools participating in the ALERT system to 100% by 06/30/10. Increase the number of schools using the ALERT system to forecast needed immunizations to 75% by 06/30/10.	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
		Cont.	Admin /Cleric			
		Cont.	Cleric			
					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education Calendar Years 2009-2011

Due Date: May 1
Every year

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff			
A. Continue to maintain the use of the ALERT system by 100% of the Schools in Morrow County AND promote the use of ALERT by childcare facilities located in Morrow County.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
B.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

APPLICATION COVER SHEET

Tobacco Prevention & Education Program Local Lead Agency Grants

Program Contact Information

Program Coordinator(s) Name: Shelley Wight

Address: 120 S. Main, P.O. Box 799

City: Heppner State: Or ZIP: 97836

Telephone: 541-676-5421 Fax: 541-676-5652

E-mail: swight@co.morrow.or.us

Local Public Health Authority Information
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Agency Name: Morrow County Health Department

Agency Contact, Director or CEO: Sheree Smith

Address: 120 S. Main, P.O. Box 799

City: Heppner State: Or ZIP: 97836

Telephone: 541-676-5421 Fax: 541-676-5652

E-mail: ssmith@co.morrow.or.us

Application Information

Maximum funding requested: \$36,300

Eligible amount (per Appendix D): \$36,300

Please disclose any and all direct and indirect organizational or business relationships between the applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco:

Local Tobacco Control Advisory Group

Describe your process of developing a local tobacco prevention advisory group comprised of community leaders. Include meeting dates and the names and organizations of all members of the group.

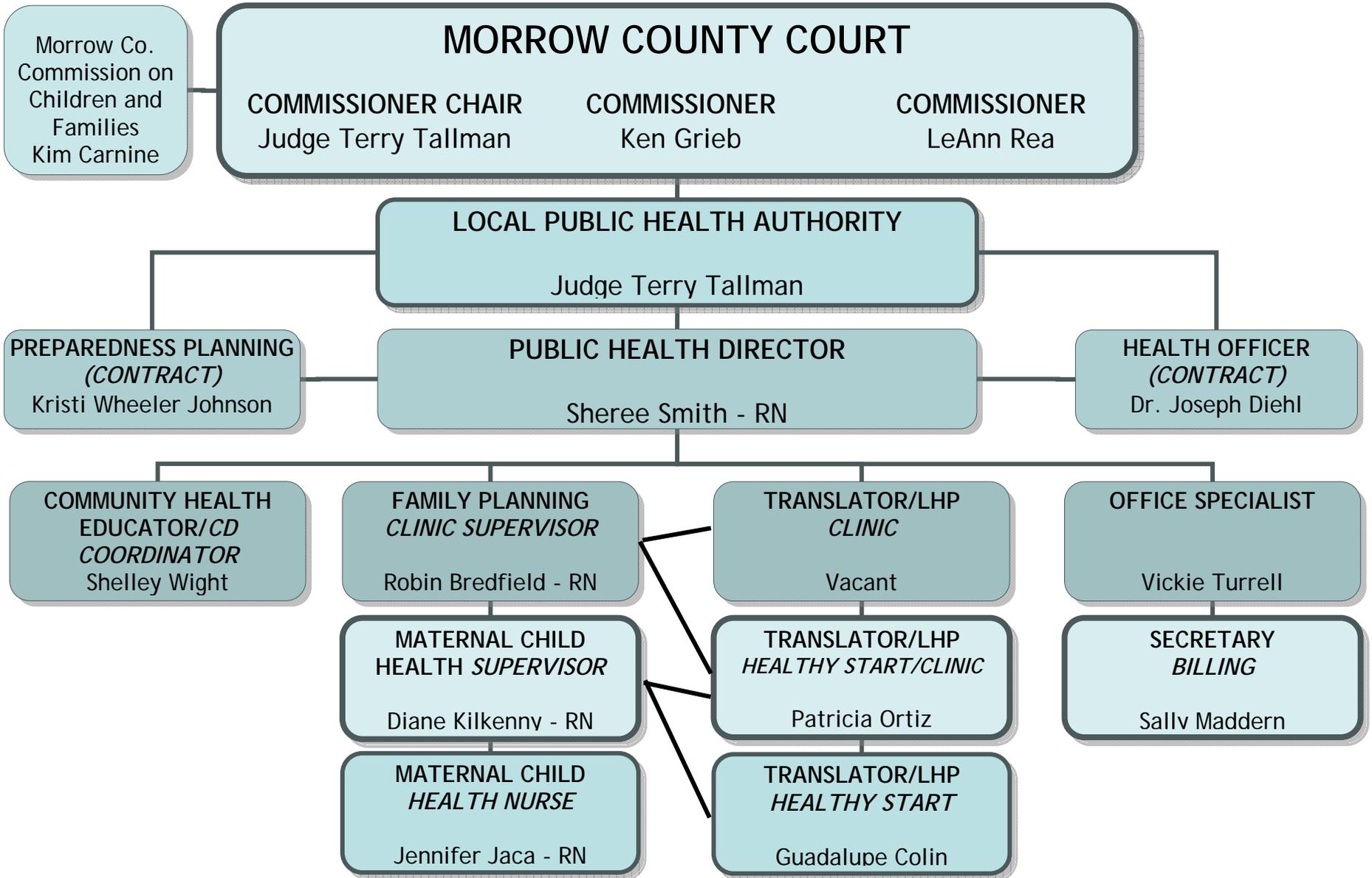
The Morrow County Commission on Children and Families continues to serve in the capacity of Tobacco Advisory Committee. The members are from a wide variety of community agencies, is representative of both “ends” of the county (north and south) and includes lay members. There have been two resignations and two staff changes that have affected the membership. One of the members that resigned was a local clergy member, but a new pastor in the area has volunteered his services as a member of the Commission. Currently the local CCF is recruiting for additional members to replace vacancies and to increase community involvement. The committee meets regularly on the second Tuesday of each month.

Upon hiring the Morrow County TPEP Coordinator this staff members was introduced to the Tobacco Advisory Committee. She gave a brief overview of her accomplishments and additional Tobacco activities planned with an opportunity for members to ask questions and offer comments. The FY 2010 Tobacco Plan Objectives will be shared at the next regularly scheduled meeting.

The meeting dates are scheduled for the second Tuesday of each month and the meeting place rotates from Boardman (at the North end), to Heppner (at the South end), in an effort to encourage all members to participate on a regular basis.

Membership is as follows:

- 1. Kim Carnine, CCF Staff**
- 2. Corrine Lindsay, Rancher/Feedlot Owner**
- 3. Karen Cooley, Retired School Teacher**
- 4. Nancy Anderson, Ione Postmaster**
- 5. Terry Tallman, Morrow County Judge**
- 6. Linda Olsen, DHS Manager**
- 7. Tom Meier, Juvenile Director**
- 8. Shelley Salisbury, Special Education Assistant**
- 9. Tiah Devin, Prevention Coordinator**
- 10. Phyllis Danielson, Assistant Superintendent**
- 11. Sheree Smith (myself), Public Health Director**



MORROW COUNTY TPEP LOCAL PROGRAM PLAN

1. BEST PRACTICE OBJECTIVE: #1 TOBACCO FREE WORKSITES

2. SMART OBJECTIVE # :

- **Eliminating/reducing exposure to secondhand smoke**
- **Promoting quitting**

- A. By 12/31/09 County Health Department will have completed the Healthy Worksites Assessment.
- B. By 06/30/10, all government buildings' campuses/property in Morrow County will have been provided information regarding passing Tobacco Free campus policies.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Promote quitting**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Plan of Action Subcategories:

▲ **Coordination and Collaboration**

By 07/31/09 County Health Department will have started the Healthy Worksites Assessment which will be completed by 12/31/09.

Will meet with the Morrow County Commissioners to work with Human Resources and with AFSCME (the local union) to possibly implement a smoke free campus policy by 06/30/10.

By 10/31/09, will begin visiting all government buildings' campuses/property in Morrow County to provide information regarding passing Tobacco Free policies.

▲ **Assessment**

The Healthy Worksites Assessment will be completed with the Public Health Director and the County Public Health Educator by 12/31/09.

Conduct a survey of county employees to tackle the issue of smoking cessation benefits and of the possible implementation of tobacco free campuses by 03/30/10.

▲ **Community Education & Outreach**

The survey will be used as a tool to educate and garner support regarding the possible implementation of a Tobacco Free Campus.

Continue to promote cessation resources and the Oregon Tobacco Quit Line (1-800-QUIT NOW).

▲ **Earned Media/Media Advocacy**

Contact TPEP media to provide PSA's and Public Health information as needed. Promote positive coverage by the press as this could be an added incentive to decision makers for adopting these policies.

▲ **Policy Development, Implementation and Enforcement**

Utilize online resources and model policies as identified below:

Make It Your Business: Insure a Tobacco-Free Workforce

<http://www.makeityourbusiness.net/>

CDC: Implementing a Tobacco-Free Campus Initiative in Your Workplace

<http://www.cdc.gov/nccdphp/DNPA/hwi/toolkits/tobacco/index.htm>

CDC: Coverage for Tobacco Use Cessation Treatments

http://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/index.htm

National Business Group on Health: The Business of Quitting: An Employer's Website for Tobacco Cessation <http://www.businessgrouphealth.org/tobacco>

Wellness Proposals: Guide to a Tobacco-Free Workplace

http://www.wellnessproposals.com/employee_health_wellness_and_policy/guide_to_a_tobacco_free_workplace.htm

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

Since the TPEP program is housed within the County Public Health Department we will begin this work effort with the County Government business offices. This will be our primary focus and can serve as an example to other government worksites.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

To serve as a resource via phone for specific questions and in customizing a survey targeted to county employees.

MORROW COUNTY TPEP LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE: #2 TOBACCO FREE HOSPITAL/HEALTH SYSTEMS

2. SMART OBJECTIVE #:

- **Eliminating/reducing exposure to secondhand smoke**
- **Promoting quitting**
- **Enforcement**

Continue to support the Tobacco Free Campus Policy and Enforcement thereof that is currently in place throughout FY 2010.

By **06/30/10**, all health care providers at Morrow County Health District and Columbia River Community Health Services will be providing tobacco cessation messages and information about evidence based assistance for quitting during all provider/patient interactions.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Promote quitting/Enforcement**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Plan of Action Subcategories:

▲ **Coordination and Collaboration**

Plan to visit each medical facility to provide education and resource information in addition to Oregon Quit Line info.

Morrow County Health District has successfully gone tobacco-free (2009) in the See "Tobacco-Free Policy Resources for Health Systems" on TPEP Connection: <<http://www.oregon.gov/DHS/ph/tobacco/tpep/tfpolicyresources.shtml>> as an additional resource.

▲ **Assessment**

Current Smoke Free Campus Policy includes existing protocols for referral to cessation services, including prescription of nicotine replacement therapy.

▲ **Community Education & Outreach**

Messages focus on helping smokers quit rather than punishing transgressors.

▲ **Earned Media/Media Advocacy**

Hospitals are natural leaders in the business community, and tobacco-free policies directly align with their mission of improving health in the community.

Implementing tobacco-free policy in a hospital presents a unique opportunity to gain positive press for the organization and send a strong positive message to other businesses and the community at large.

Continue to promote positive coverage by the press as this could be an added incentive to other businesses and the community at large.

▲ **Policy Development, Implementation and Enforcement**

Provision of resources to help patients and employees quit smoking and chewing is an essential component of hospital policy implementation. The Oregon Quitline (1-800-QUIT NOW) is an important resource, and its clinician fax referral system can assist in helping patients stay quit after discharge.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

Hospital and Health Services as identified as the focus for this objective.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

N/A as the Smoke Free Campus Policy is already in place.

MORROW COUNTY TPEP LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE: #3 TOBACCO FREE COMMUNITY COLLEGES

2. SMART OBJECTIVE #:

- Eliminating/reducing exposure to secondhand smoke
- Countering pro-tobacco influences
- Reducing youth access to tobacco
- Promoting quitting
- Enforcement

A. Blue Mountain Community College (BMCC) will adopt and implement a Tobacco Free Policy by 06/30/10.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke
- Countering pro-tobacco influences
- Promote quitting
- Reduce the burden of tobacco-related chronic diseases

4. ACTIVITIES:

Plan of Action Subcategories:

▲ **Coordination and Collaboration**

Work with the community college in your county to ensure adoption, implementation, and enforcement of 100% tobacco-free campus policies.

Tobacco-free environments eliminate hazardous secondhand smoke exposure. Tobacco-free campus policies decrease the risk that young adults will start using tobacco, decreases consumption among current users, and increases successful quit attempts.

The American Lung Association of Oregon (ALAO) leads the statewide effort to encourage all community colleges in Oregon to adopt and implement a “gold standard” tobacco-free campus policy. Because BMCChas campuses in more than one county, it is critical to coordinate efforts with Umatilla County TPEP Program.

▲ **Assessment**

Utilize the ALAO review of BMCC for current policy and continue coordination efforts with Umatilla County TPEP Program.

▲ **Community Education & Outreach**

Good education prior to proposing policy will lead to the passage of a good policy. Good communication post-policy adoption will greatly enhance compliance and enforcement.

▲ **Earned Media/Media Advocacy**

Emphasize safety and access in media communications.

We will collaborate and coordinate all Media coverage with Umatilla County TPEP Coordinator as needed.

▲ **Policy Development, Implementation and Enforcement**

Model policies can be obtained from TPEP or ALAO at <http://lungoregon.org/tobacco/college.html>.

Note: It is very important to consult the model policy in working with colleges on their policy. Cessation services should be promoted well before implementation. Information about the Oregon Quitline (1-800-QUIT NOW), Freedom From Smoking (<http://www.ffsonline.org>), and any services available on campus should be part of this promotion.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

As stated in the Objective: Community Colleges are the focus area.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

Continue to partner with Umatilla County TPEP offering supports as needed in addition to utilizing the resources listed above.

MORROW COUNTY TPEP LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE: #4 SMOKE FREE MULTI-UNIT HOUSING

2. SMART OBJECTIVE #:

- **Eliminating/reducing exposure to secondhand smoke**
- **Countering pro-tobacco influences**
- **Promoting quitting**

A. Will work with local landlords throughout Morrow County to encourage and support them in adopting and implementing no-smoking rules for their properties by 06/30/10.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Eliminate or reduce exposure to secondhand smoke |
| <input checked="" type="checkbox"/> | Countering pro-tobacco influences |
| <input checked="" type="checkbox"/> | Promote quitting |
| <input type="checkbox"/> | Reduce the burden of tobacco-related chronic diseases |

4. ACTIVITIES:

Plan of Action Subcategories:

▲ **Coordination and Collaboration**

Utilize Health In Sight LLC to provide technical assistance on smokefree housing to discuss local strategies, stay coordinated with statewide efforts, and acquire a variety of resources. Engage members of the local housing sector as partners and advisors.

▲ **Assessment**

Work with Health In Sight LLC to assess landlords' readiness to adopt policies, to track the adoption of no-smoking rental agreements, and to track the use of "no smoking" or "smokefree" listed as an amenity in local rental vacancy listings. Report the adoption of no-smoking rental agreements and the use of "no smoking" or "smokefree" in rental listings to Health In Sight LLC. Utilize assessment resources available on TPEP Connection

<http://www.oregon.gov/DHS/ph/tobacco/tpep/sfhouserresources.shtml>

Note: Additional resources available on TPEP Connection and/or through Health In Sight LLC include the *Healthy Air Survey* for residents at housing authorities, available in English, Spanish, and Russian, as well as several sample tenant surveys available on www.smokefreeoregon.com/housing.

▲ **Community Education & Outreach**

Identify a number of property owners/managers to reach out to over the workplan year and emphasize the business benefits of going smokefree: save money by protecting your property from damage, excessive cleaning costs, and fires; make money by attracting the unmet market demand for smokefree housing.

▲ **Earned Media/Media Advocacy**

Provide positive articles to housing sector partners, finding real stories about real people happy about going smokefree.

Utilize resources specifically targeted to Multi-Unit housing to identify advantages of providing smoke-free housing.

▲ **Policy Development, Implementation and Enforcement**

Use “A Landlord’s Guide to No-Smoking Policies” to provide assistance to property owners/managers as they adopt no smoking rules in their rental agreement.

Work with landlords to make sure they have Quit Line resources and a plan to publicize the Quit Line.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

As identified in the Objective above, will plan to target Multi-Unit Housing.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

Will utilize the resources and web sites listed above.

MORROW COUNTY TPEP LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE: #5 THE WORKPLACE LAW ENFORCEMENT

2. SMART OBJECTIVE #:

- **Eliminating/reducing exposure to secondhand smoke**
- **Countering pro-tobacco influences**
- **Promoting quitting**

By 06/30/10, Morrow County will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the Delegation Agreement.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Promote quitting**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Plan of Action Subcategories:

▲ **Coordination and Collaboration**

The TPEP Program Coordinator is responsible for responding to complaints of violation and conducting site visits, including using WEMS and maintaining the hard copy file. If the TPEP Coordinator is away from the office for training, etc., complaints will be forwarded via email. In the event of an extended absence from the office, the Public Health Director will complete this task as needed.

▲ **Assessment**

The TPEP Program Coordinator will participate in assessment activities regarding support and tracking implementation of the law.

▲ **Community Education & Outreach**

The TPEP Program Coordinator will provide information regarding resources and educational materials available through the Clearinghouse:

<http://www.phcnw.com/pages/otec>.

The Morrow County Program will also utilize the required forms and letters for all enforcement related activity as provided by TPEP through the WEMS system and through TPEP Connection <http://www.oregon.gov/DHS/ph/tobacco/tpep>.

Additionally, information about cessation services, including the Oregon Quitline (1-800-QUIT NOW) will be incorporated into enforcement activities.

▲ **Earned Media/Media Advocacy**

Plan to utilize the media to celebrate the one-year anniversary of the law 01/01/10, and to educate the public about how to make complaints.

Coordinate this activity through the Media Contractor as needed.

▲ **Policy Development, Implementation and Enforcement**

Written records of internal procedures and instructions will be developed using the Delegation Agreement and the WEMS User's Guide as a reference for other staff members to use as needed.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

None, all complaints and concerns will receive follow up in a timely manner.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

As referenced above regarding the Clearing House, websites, Media support, TPEP program sample enforcement letters/forms provided, media contractor and State Staff as needed.

**MORROW COUNTY TPEP
LOCAL PROGRAM PLAN FORM**

**1. BEST PRACTICE OBJECTIVE: # 6 BUILD CAPACITY FOR TOBACCO-RELATED
CHRONIC DISEASE PREVENTION**

2. SMART OBJECTIVE #:

- **Eliminating/reducing exposure to secondhand smoke**
- **Countering pro-tobacco influences**
- **Promoting quitting**

A. Morrow County anticipates submission of a TROCD Building Capacity application in the future.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Promote quitting**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Plan of Action Subcategories:

▲ Coordination and Collaboration

The Morrow County TPEP Coordinate will begin to communicate internally and with community partners (including the TPEP Advisory Committee) in an effort to build support in developing a TROCD program.

▲ Assessment

Morrow Count will utilize assessments and educational information available through the TPEP Program in order to raise awareness of the local burden of tobacco-related chronic disease in an effort to raise support of a future application for TROCD funds.

▲ **Community Education & Outreach**

As noted above, education will be provided to the communities throughout the county in an effort to raise awareness of the local burden related to Tobacco use and support of a TROCD application.

▲ **Earned Media/Media Advocacy**

Information will be provided to the local TPEP Advisory Committee and will also be presented at Community presentations as mentioned in earlier objectives.

Publicize chronic disease data to build community support and leadership in anticipation of a future TROCD application.

▲ **Policy Development, Implementation and Enforcement**

N/A; will address at a later time with the application process for TROCD funds.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

The community in general in an effort to provide education regarding the burden placed on health though the use of Tobacco.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

State TPEP staff and other resources to obtain county specific data to share with community members.

MORROW COUNTY TPEP LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE: #7 TOBACCO-FREE HEAD START/CHILD CARE PROGRAMS

2. SMART OBJECTIVE #:

- **Eliminating/reducing exposure to secondhand smoke**
- **Countering pro-tobacco influences**
- **Promoting quitting**

A. By 06/30/10, all Head Start Programs in Morrow County will have enhanced current tobacco-free policy to meet State standards "A" rating.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Promote quitting**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Plan of Action Subcategories:

▲ **Coordination and Collaboration**

Morrow County TPEP Coordinator will collaborate with the ALAO representative (Andrew Epstein), the Umatilla-Morrow Head Start Health Specialist and the Umatilla TPEP Program Coordinator in an effort to strengthen existing Tobacco Free Policy.

▲ **Assessment**

As noted above, policy is currently in place in the Head Start Program serving our county. Additional communication will be a joint effort between this agency and the two counties involved with expertise provided via ALAO.

▲ **Community Education & Outreach**

Although the program has previously adopted a Tobacco Free Policy, it is our objective to provide assistance and education in an effort to encourage adoption of a more comprehensive policy.

Work with Head Start Health Specialists to determine which educational messages and activities best support a comprehensive policy adoption and implementation.

▲ **Earned Media/Media Advocacy**

We will work with the Umatilla-Morrow Head Start Program, the ALAO, and the Media Contractor to encourage and/or publicize the adoption of additional policies through the use of a Media Advocacy Coordination (MAC) Plan.

▲ **Policy Development, Implementation and Enforcement**

Effective January 1, 2009 a new statewide policy from the Oregon Department of Education requires that all Oregon Head Start Pre-Kindergarten programs have tobacco-free environment policies adopted and in effect. The ODE policy applies to all Head Starts receiving state funds.

Enforcement will be addressed if any complaints are submitted.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

As stated in the Objective above; Umatilla-Morrow Head Start is the target.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

ALAO, and the Morrow County State liaison and/or media supports.

Development of Local Champions Narrative form

List specific actions the Local Lead Agency will take to further develop community leaders' role and capacity as champions. Identify all of the following:

- Specific community leaders, including elected officials and administrative bodies, to which direct educational encounters will be provided
Community Leaders include Dr. Betsy Anderson (physician at Morrow County Health District) and Father Condon (Priest at the Heppner Catholic Church).
- The means by which such education shall take place (one-to-one meetings, presentations, community forums, etc.)
Community presentations and one-to-one meeting available upon request.
- Proposed schedule and frequency of educational encounters
Educational meetings to be provided to the community a minimum of two times per year.
- Purpose and intended outcomes of educational encounters (specifically related to tobacco prevention, sustaining a county and statewide infrastructure for tobacco-related disease prevention and health promotion, and promoting emphasis on policy, environmental, and systems change)
Continue to offer smoking cessation and educational material in addition to quit line information.

Line Item Budget and Narrative Worksheet

Please complete the following Line Item Budget for: **DHS TPEP PE13 for FY2010 (07/01/09-06/30/10)**

Identify only funds requested under the DHS **TPEP PE13 RFA**.

Please call your Community Programs Liaison with questions related to this form.

Agency:		Morrow County Health Department					
Fiscal Contact:		Sheree Smith					
E-mail address:		ssmith@co.morrow.or.us					
Phone Number:		541-676-5421	Fax Number:	541-676-5652			
Budget Categories	Description						Total
(A) Salary	Position #	Title of Position	Salary (annual)	% of time (FTE)	# of months requested	Total Salary	
	1	TPEP Coordinator	\$35,006	50.00%	12	17,503.00	
	2	Administration	\$58,173	6.24%	12	3,630.00	
	3					0.00	
	4					0.00	
	TOTAL SALARY						\$21,133.00
Narrative* : This salary information is based on a 3% cost of living increase above the projected cost of the current fiscal year.							\$21,133
(B) Fringe Benefits	Position #	Total Salary	Base If Applicable	%	=	Total Fringe	
	1	17,503.00		71.35%	=	12,488.39	
	2	3,630.00			=	0.00	
	3	0.00			=	0.00	
	4	0.00			=	0.00	
TOTAL FRINGE						\$12,488.39	\$12,488
(D) Equipment	List equipment. Include all equipment necessary for program (i.e. computer, printer).					\$0	
Narrative* : Fringe Benefit Narrative: The increase in fringe benefit amount is also based on a 3% cost of living over the current fiscal year. As mentioned prior, the county offers full benefits for any employee working 20 hrs or more per week. I did not assign any "liability" to benefits as I used the usual and customary 10% as the Administrative cost.							\$0
(E) Supplies	Do not list. These items include supplies for meetings, general office supplies ie. paper, pens, computer disks, highlighters, binders, folders, etc.					\$300	\$300
(F) Travel	This covers in-state, out-of-state, and travel to all required trainings.						
		In state		Out Of State		Subtotal	
	Narrative* : Total approximate cost for travel, meals, lodging, registration, etc. (See Below).						
	Per Diem:	Meals	\$122			\$122	
	Hotel:	N/A					
	Air fare:						\$0
	Reg. fees:	Training Registration		\$50		\$50	
	Other:	*Mileage below represents 1 trip to Portland					
Mileage:	Miles:	687		0.55	per mile	\$378	\$550
(G) Other	Please list.						
	Overhead: Rent and Utilities, Phone, auto repair, etc					\$1,829	
						\$0	
						\$0	
						\$0	\$1,829
(H) Contractual:	List all sub-contracts and all contractual costs, if applicable.						
Contracts must be pre-approved by liaison						\$0	\$0
(I) Total Direct Charges	(Sum of A through H)						\$36,300
(J) Cost Allocation							\$0
(K) TOTALS	(Sum of I & J). Should equal DHS TPEP PE13 Request.						\$36,300

* Attach additional Narrative on a separate sheet if necessary