

Morrow County LPHA FY 11 Annual Plan

I. Executive Summary

Morrow County Health Department (MCHD) continues to provide essential public health services of epidemiology and control of preventable diseases, immunizations for all ages, family planning, maternal child health programs and supports, health education information (including child safety seat inspection and distribution) and referral as appropriate. Other programs provided include emergency preparedness, Tobacco and the Healthy Start program. Environmental health services are contracted with Umatilla Co and the WIC program is provided by the Umatilla Morrow Head Start.

MCHD currently has a vacancy of a 1.0 FTE Nursing position working primarily in MCH programs in addition to clinical duties. MCHD is actively advertising and plans to continue to offer the position until filled. MCHD staff includes three CHN's (including the administrator), two office support staff, two LHP's and a CD/TPEP Coordinator for a total of 7.7 FTE. MCHD contracts for an Emergency Prep Coord. at 1.0 FTE and a NP for FP exams.

Clinics providing Family Planning and Immunization services are offered 3 days per week on a walk in basis. MCHD also offers seasonal Flu vaccine at specially scheduled clinics throughout the county starting with the three senior meal sites, in an effort to protect some of our most vulnerable residents. There are also three Flu clinics offering evening hours in addition to all regularly scheduled clinics. This past year, Immunization activity was intensified in response to the identification of the H1N1 Influenza virus and the availability of vaccine. Public Health responded to this threat by increasing both the number of clinic sites and locations. Efforts were targeted to those at highest risk with clinics offered at every school site in the county on two separate occasions. In this way second doses were provided as age appropriate and as the target population was expanded, vaccine was offered to anyone presenting at each clinic. Due to the small size of our health department and limited work force, staff are cross trained in essential services in an effort to build surge capacity. MCHD staff work very cohesively as a team to better serve our communities as exemplified by the response to H1N1 this past year.

The 2010 – 2011 budget has been submitted and is awaiting final approval by the Morrow County Board of Commissioners.

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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 to assist with 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 (located in Heppner) is the only hospital within the county, offering 12 acute and 7 Long Term care beds. This facility is especially important to the health of residents living in the south end of the county 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 impacting 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. Alcohol use is prominent at many different social events held within the county throughout the year. Even more concerning is the perceived level of social acceptance regarding alcohol use of minors by much of the adult population. 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 provided by one full time staff person sharing responsibilities with TPEP allowing for fluidity between the two programs based on need. Other staff members also assist as needed resulting in Disease investigation and follow up initiated and completed in a timely fashion. MCHD works closely with PCP's, area hospitals, HRSA, labs, Vector Control, Emergency Management, the Extension Office, Fish and Wildlife and others as needed or indicated. 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 the use of tobacco.

DENTAL: The availability of dental care is very limited in Morrow County. Hayden Dentistry has two offices (one on each end of the county) located in Heppner and Boardman. OHP clients are served on a limited basis. In the case of a dental emergency, changes may be made to the schedule or the patient may be worked into the schedule 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 (registration fee required). MCHD offers limited education information (including basic diet exchange info) and referral 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 (as mentioned previously) and identified as an area of focus in the Comprehensive plan. 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. The topic of bullying is being addressed through curriculum introduced directly in the schools.

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 for 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 involved as needed and available for CD/Emergency situations. This staff person provided many supports and assistance related to recent H1N1 activities. MCHD continues to collaborate with the CSEPP program, actively participating in the 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 responsibility is assumed for investigation and follow up. Inspection, investigation and follow up on the Environmental Health side of the issue, is provided through the EH Contract with Umatilla County.

IMMUNIZATIONS: MCHD continues to be the primary provider of immunizations in Morrow County although Columbia River Community Health Services (CRCHS), began contracting directly with the State as a VFC provider over one year ago. MCHD enjoys a positive and supportive relationship with CRCHS and the Morrow County Health District as evidenced by collaboration throughout the H1N1 activities. MCHD offers walk-in and same day appointments at three clinics per week (two in Boardman and one in Heppner). According to the most recent data available; 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%. Current focus areas for continued quality improvement include: Increase the rate of 24 month olds with their 4th DTaP; Continue working to reduce the “Missed Shot”; and Increase the percent of 24 – 35 month olds covered with the 4:3:1:3:3:1 series. Education and referral as appropriate are also provided during the provision of other MCHD services.

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 to 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 a MCHD staff member attends meetings regularly. Finley Buttes Land Fill has been located within the county for more than eleven 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 with only one chemical remaining (Mustard Blister Agent). Other related issues include the location of Hanford, 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 appears 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 of concern. The Perinatal Trends Live Births and Infant Mortality Oregon Residents has data available for 2001 – 2007. For the sake of comparison, the percentages for the most recent 4 years are listed:

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 requested and/or 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 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: Data reflecting specifics for Premature births appears to be limited. The “Demographic Profile of Morrow County, 2005” reports 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 regarding infants born prior to 37 weeks gestation. The Perinatal Trends Live Births and Infant Mortality Oregon Residents data for 2001 – 2007 information percentages are listed 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 one hospital located within the county which does not offer delivery services (other than emergency situations). Additionally there are no 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 other supports. MCHD participates in the Oregon Mother’s Care (OMC) program to expedite the process of applying for the OHP and an appointment is usually scheduled that 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 refers clients immediately and directly to MCHD as appropriate, including all newly identified pregnant women and MCHD refers clients to WIC as appropriate. 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), 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 also offers 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 (a positive trend). A factor which may skew data for smaller population counties is that a difference of only one or two can cause a large statistical difference in the data. Note: according to the 2003 benchmark, Morrow County ranked “21”. Other data that can be used for additional insight includes 2006 with a total of 6 abortions performed on Morrow County residents (four were teens aged $\leq 15 - 19$ yrs of age).

Title X Family Planning Agency Data (County Specific) FY 2009 reports:
Pregnancies averted = 47;
Teen clients as percent of total clients = 19.1%;
Proportion of visits, clients rec'd equally or more effective method = 91.8%;
Proportion of visits at which female clients received EC for future use
Teen (<20) = 11.2% and Adult (20+) = 5.4%; and
Teen Pregnancy Rate (per 1000 females aged 10 – 17) CY 2007 = 10.1

TOBACCO USE: Morrow County currently has 0.5 FTE divided 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 a 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 primarily (although not exclusively) 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 which seemed to attribute to the variance 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 due to a lack of specific data for this measure. The Oregon Vital Statistics 2006 Report for data regarding the number of pregnancy terminations may provide some insight to this issue. 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.

Title X Family Planning Agency Data (County Specific) FY 2009 reports:
Pregnancies averted = 47;

Teen clients as percent of total clients = 19.1%;

Proportion of visits, clients rec'd equally or more effective method = 91.8%;

Proportion of visits at which female clients received EC for future use

Teen (<20) = 11.2% and Adult (20+) = 5.4%; and

Teen Pregnancy Rate (per 1000 females aged 10 – 17) CY 2007 = 10.1

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. In an effort 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 at the time of the Oregon Healthy Teens survey, 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 and 11th in the state for drug use. Current prevention efforts occurring in all Morrow County middle schools include 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. It is interesting 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 graduates have also launched proactive efforts to sponsor Alcohol and Drug Free Graduation celebrations. The Commission on Children and Families advisory committee has also allocated funds to support schools within the county that are planning and promoting Alcohol and Drug free celebrations for their graduates.

Morrow County LPHA FY 11 Annual Plan

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. MCHD employs a full time staff member with a dedicated 0.5 FTE as CD Coordinator, sharing duties between CD and Community Health education (including TPEP responsibilities). Staff Nurses also provide additional 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. Morrow County had previously accessed a Web based program through Multnomah County, but recently changed to the newly created State ORPHEUS system. MCHD continues to work closely with 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 as appropriate.

MCHD has a 24/7/52 pager system in place with call responsibilities shared by three staff members. In this way, MCHD is able to respond by initiating investigation of outbreaks, and implementing control measures for reportable diseases in a timely manner as specified in the investigative guidelines as noted Total cases of reportable disease, Morrow data supplied by the State for 2007 and 2008.

Data for timeliness, number of days from LHD to OPHD notification:
2007 - 43% were reported within one working day and the remaining 57% were reported in 2 – 5 working days;
2008 - 55% were reported within one working day and the remaining 45% were reported in 2 – 5 working days.

Tuberculosis Case Management:

MCHD has TB protocols originally adopted 06/2006 addressing Screening for TB Disease and Infection, Treatment (Chemoprophylaxis) of Latent TB Infection, Treatment of Active TB, other TB Duties and needed Training. All MCHD staff involved in the CD program, follow this protocol in caring for clients presenting with any TB issues or concerns. If questions or concerns, the State TB staff are consulted.

Tobacco Prevention, Education, and Control:

MCHD was awarded a TPEP grant and resumed participation in the Tobacco program, January 2008. The TPEP application and plan for FY 11 was submitted to the State TPEP program per Luci Longoria 03/05/10. MCHD received notification from the TPEP program per Kylie Menagh 04/09/10, advising that the application/plan had been “accepted with required and/or 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 the WIC Nutrition Program – Umatilla Morrow Head Start. MCHD has a strong working relationship with the WIC program. WIC staff utilize the Public Health offices in Boardman and Heppner to serve Morrow County clients. A MOA is currently in place between MCHD and Umatilla Morrow Head Start.

Immunizations:

3 year Continuous Quality Improvement and Alert Promotion Plans were written and submitted to the Immunization program for FY10. Current focus areas include: Increase the rate of 24 month olds with their 4th DTaP; Continue working to reduce the “Missed Shot”; and Increase the percent of 24 – 35 month olds covered with the 4:3:1:3:3:1 series. These plans have been reviewed and progress documented as able due to a delay in data reporting. Documentation will be completed once the data is received.

For further information, refer to the Immunization Plans attached to the Morrow County LPHA FY 11 Annual Plan.

MCH Programs:

Overview of home visiting program offered per MCHD:

MCHD currently has a vacancy of a 1.0 FTE Nursing position with job responsibilities within MCH programs as well as clinical duties. MCHD is actively advertising and plans to continue to offer the position until filled. In the past, MCHD has offered Maternity Case Management (MCM), Babies First, and CaCoon home visiting programs and intends to restore these programs as soon as the current vacancy is filled.

MCHD is also the county provider of the Healthy Start program through the local Commission on Children and Families. When the above home visiting programs are active, the Healthy Start Program is augmented by these services as clients can be referred to the appropriate program and duplication of service is avoided.

The Healthy Start program supervisor is a RN and she herself has experience having provided home visiting services within the MCM, Babies First and CaCoon programs. Should a concern arise relating to a Healthy Start 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 other programs 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 which does not offer delivery services (other than emergency situations). Additionally there are no Prenatal Care providers 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 usually scheduled with the PCP the same day, 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 in Boardman and Heppner to serve clients. WIC staff refer newly identified pregnant women to MCHD. 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), located in Hermiston.

Infant and Child Health:

We have struggled in the past regarding limited nursing time to devote to the various home visiting programs and currently have a position vacancy we are actively trying to fill. MCHD currently has one Community Health Nurse participating in home visiting services. She 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 as appropriate.

The CHN vacancy (position) was previously at .8 FTE, but has been restored to a 1.0 FTE position. This CHN position is identified as the primary provider of home visiting services (MCM, Babies First and CaCoon programs). This position had a portion of FTE devoted to clinical duties in the past, impacting time available for Home Visiting services. This issue will be revisited once the CHN position is filled.

MCHD offers education to promote health on a variety of subjects. MCHD also provides education to pregnant women regarding the benefits of breastfeeding and this message is also promoted when providing services in the home. MCHD also provides breastfeeding (and pregnant) 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, encouraging 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 provides Public Health services to the adolescent population as desired, indicated and/or appropriate. MCHD promotes access to primary care with referral for other medical and/or mental health services as needed. Preventive care is promoted including well child care. Adolescent clients are provided health education as appropriate, which is tailored 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, in an effort to promote oral health. 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. Limited nutrition and physical activity education/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.

Title X Family Planning Agency Data (County Specific) FY 2009 reports:

Proportion of Women in Need (WIN) served = 45
Pregnancies averted = 47;
Teen clients as percent of total clients = 19.1%;
Proportion of visits, clients rec'd equally or more effective method = 91.8%;
Proportion of visits at which female clients received EC for future use
Teen (<20) = 11.2% and Adult (20+) = 5.4%; and
Teen Pregnancy Rate (per 1000 females aged 10 – 17) CY 2007 = 10.1
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.
Please see the FP plan attached with the MCHD LPHA FY 11 Annual Plan for further information.

Morrow County Public Health also has a Family Planning Advisory Committee as an “add-on” responsibility, approved by the Early Childhood Committee (ECC). This group has a variety of members representing many different agencies offering a wide diversity. Meetings are scheduled every other month fulfilling the minimum requirement of quarterly meetings.

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 Clerk 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, Children's Fair, the local County Fair, Child Safety Seat clinics, etc.) providing health education on a variety of topics in addition to information regarding services offered through the MCHD.

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 also reviewed independently each year per the DHS Preparedness Regional Liaison.

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 entire Board of Commissioners (3 total) of which he is a part. The Morrow County Court also oversees the local CCF separate from, and in addition to the Public Health Department. The County Court meets together each week to address county issues. The MCHD administrator also presents quarterly (at a minimum) to the county court providing updates regarding Public Health activities, issues, changes, plans and concerns.

The Morrow County Commissioners also serve in the capacity of the Public Health Advisory Board. The County Court meets weekly to conduct county business and to perform duties as needed in the role of the Public Health Advisory Board. Additionally Public Health updates are presented quarterly (or more often as needed) by the Morrow County Public Health Director, exceeding the minimum requirement for the Public Health Advisory to meet quarterly.

The Public Health Department and the LCCF work very closely together on a variety of issues including the Healthy Start program and in addition to work on the Comprehensive Plan and required updates.

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 budget information will be submitted later, as per Annual Plan requirements. Projected FY 11 budget for TPEP submitted previously directly to the program. Morrow County Public Health has submitted a projected budget to the Budget Committee and is awaiting final approval per the Morrow County Court. County Budget information is available upon request.

Contact 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 County 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. **Informally**
- 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 Head Start.
 - 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

05/01/10
Date

VII. Minimum Standards Response
Regarding The Health Department Personnel Qualifications
Of the Public Health Administrator (also the Supervising Public Health Nurse).

As discussed in previous Annual Plans, the minimum qualifications for the local Health Department Administrator have not been met in Morrow County. Morrow is a small rural county, employing three Community Health Nurses (CHN's) in addition to the Administrator/Supervising Nurse position/s. Currently one of the CHN positions is vacant and Morrow County is actively recruiting for a replacement. Although the CHN's take on some of the supervisory duties of other LHD staff, the position of both the 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 hospital based (Good Samaritan School of Nursing) Diploma school in 1981. I began my professional career in July 1981 working in a local Hospital. I continued working as a charge nurse in the areas of Med-Surg, Cardiac Care, Labor and Delivery, ER and Geriatrics before moving on to Public Health 19 yrs ago. I began primarily as a Home Visiting nurse working in the Babies First, MCM, and CaCoon programs. I also assisted with Immunization, Family Planning, CD and TB as needed. I later trained in the Nurse Family Partnership (NFP) program providing this service for 2 ½ years before assuming the Public Health Director position eight years ago.

I value continuing education and have attended many trainings on a variety of topics since joining Public Health. I also participated in the Public Health Nursing Leadership Institute (PHNLI) in 2006. I have attended CLHO Meetings as time has allowed, often participating by phone. I am planning to participate more actively in this coming year.

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. held each spring in Silver Falls but was unable to attend in 2009 and am unable to attend in this current year (much to my disappointment) due to scheduling conflicts.

Although identified various internet sites offering trainings related to Public Health, I was unable to access trainings this past year due to the need to address deficiencies following the Triennial review and H1N1 activities.

I have revisited the previous sites visited to confirm the trainings offered and to add other topics of Public Health significance to the list of desired trainings. I will commit to the completion of two of the trainings listed below in the next 12 months time frame.

Northwest Center for Public Health Practice

This site offers a variety of online modules. The most applicable are a variety of Epidemiology courses in addition to other timely topics. I am interested in the following training offered below:

- Emergency Distribution of Pharmaceuticals
- Basic Concepts in Data Analysis for Community Health Assessment
- Introduction for Public Health Law
- Program Evaluation in Public Health
- 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:

- Public Health Nursing Orientation Training
 - 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 identify a training that would be a helpful review that includes special sections targeted to supervisors and administrators:

- Title X Orientation Training (interactive Web based Training)

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.

OREGON DEPARTMENT OF HUMAN SERVICES
 PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY
 For the Period July 1, 2010 - June 30, 2011

Agency: Morrow County Estimated Budget

A. Revenues	Estimate	Total
Program Income		\$6,440
1. Client Fees – Self-Pay	\$2,000.00	
2. Donations	\$440.00	
3. Third Party Insurance Reimbursement	\$4,000.00	
Other Revenue:		\$141,560
State FP Grant	\$28,845.00	
Medicaid / OHP	\$800.00	
FPEP	\$26,000.00	
County General Funds	\$85,615.00	
Other (please identify) Prgm Reimbursements	\$300.00	
Total Revenue		\$148,000

B. Expenditures		Total
1. Personal Services (Salaries & Benefits)		\$103,000
2. Services and Supplies		\$45,000
3. Capital Outlay		\$0
Total Expenses		\$148,000

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 5/1/10

 AUTHORIZED AGENT DATE

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT**

FY'11

July 1, 2010 to June 30, 2011

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) continue to require additional staff time without increased reimbursement which threatens the ability of the agency to maintain the current level of service long term.</p>	<p>1. Further increase the revenue by continuing to actively encouraging clients to make donations. Increase the previously projected donation amount by 10% in FY 2011 (\$440 total).</p>	<ul style="list-style-type: none"> • Staff will continue to encourage client to pay the amount they are able at the time of service. • Donation Policy in Frame. • Continue consistently encouraging clients to make donations. 	<ul style="list-style-type: none"> • Quarterly and Fiscal Year End Revenue reports.(\$440/yr) • Staff Feedback
	<p>2. Continue to provide a Super Bill to all clients at each FP visit.</p>	<ul style="list-style-type: none"> • Continue to provide a Super Bill at each visit so client is aware of the value of the service received. 	<ul style="list-style-type: none"> • Staff Feedback re: consistency • Client Feedback regarding 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 and revenue</p>	<ul style="list-style-type: none"> • “Flag” client in Ahlers system if required info not provided. • Staff to offer assistance as needed • Boardman LHP’s (2) trained as Notary by 08/01/10. • Educate client regarding FPEP documentation requirements. 	<ul style="list-style-type: none"> • Follow-up when client returns • Compare FPEP revenue with the previous year. • Display list of required info • Provide client with pocket guide with needed items highlighted

<p>2.) Continued advancements in the medical community requires that staff attend applicable Family Planning training and/or Conf. ongoing, in order to provide “best practice” care.</p>	<p>1 .Continue to increase staff knowledge and competency working within the Family Planning program by encouraging each FP staff member to attend a minimum of 1 training event related to their FP role in FY 2011.</p>	<ul style="list-style-type: none"> • Continue to support staff attendance at trainings offered through the State, CHT, ph, locally, etc. • Review trainings available at each staffing to evaluate if appropriate for staff to attend. All FP staff to attend Title X Orientation Web training. • Staff attending will share learned knowledge with other staff members as applicable. 	<ul style="list-style-type: none"> • Review the number of trainings staff attend in FY 11. • Review the number of staff members participating in any trainings in FY 11. • Review trainings attended at each staffing, and provide time for sharing information as applicable.
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Goal 2: To direct services to address disparities among Oregon’s high priority and underserved populations specifically for Teens and Men accessing services in Morrow County.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>1.) The percentage of Teen and Male clients accessing services in Morrow County is low as noted in the FY 2009 Title X FP data.</p> <p>- <u>Teens = 19.1%</u> (69 clients) State Avg. is 28%</p> <p>- <u>Males = 3.9%</u> (13.5 clients) State Avg. is 2.8%</p>	<p>1. Increase number of Teens accessing FP services to <u>22%</u> (77 clients) as per FY 2010 Data.</p> <hr/> <p>2. Make changes in order to become more “Male friendly” in an effort to increase the number of Male clients served to <u>5%</u> (17.4 clients) as per FY 2010 Data.</p>	<ul style="list-style-type: none"> • Explore options to increase clinic availability “outside” of school hours: expand clinic hours, change the day of week FP exams are offered, add a “student” clinic day, etc. • Implement one new strategy per quarter to evaluate any changes. • Discuss with School District Super to engage support in educating students • Challenge students to change teen preg rate • _____ • Staff (2 nurses) to attend Male exam training at RH Conf. 04/10 • Create Male History and Exam form for clinic use. • Explore funding available and grant requirements for Vasectomy project. 	<ul style="list-style-type: none"> • Review the percentage of teen clients in FY 2010 and compare with FY 2009. <hr/> <ul style="list-style-type: none"> • Review the percentage of Male clients in FY 2010 and compare with FY 2009.

Progress on Goals / Activities for FY 10

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

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Goal / Objective	Progress on Activities
<p><u>Goal #1</u> #1 Changes in FPEP eligibility requirement affecting revenue.</p> <ul style="list-style-type: none"> • Obtain revenue through donations. • Provide Super Bill to increase the clients knowledge of service value • Assist client in obtaining needed documentation. 	<p>Staff continue to encourage donations of every client served in an effort ensure the continuation of the program at the current level of service. The current goal for donation revenues in FY 2010 in nearly met. We will continue effort to increase the current level of donations provided. Staff will continue to provide a Super Bill to each client so that they are aware of the actual value of the service received. Additionally we will continue to provide assistance to clients in obtaining the needed documentation for the FPEP program. We have decided to continue working on this goal in FY 11.</p>
<p>#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</p> <hr/> <p><u>Goal #2</u> 1.) Clients verbalizing interest in a BCM (Implanon) not currently available at MCHD</p>	<p>All Family Planning staff have participated in program related training throughout this past year. Attendance at the Family Planning Coordinators Conf., the Reproductive Health Conf, participation in the quarterly OMC Conf and participation in a variety of Phone Conf. have taken place throughout this past fiscal year.</p> <p><u>Documented Training:</u> RB attended each quarterly OMC meeting (07/09/09, 10/08/09 and 01/07/10) as well as the Family Planning Coordinators Conf. 10/22 – 23/09</p> <hr/> <p>The Nurse Practitioner that contracts with Morrow County to provide FP exam services attended the required training for the insertion and removal of Implanon. A policy and procedure was developed and approved for this method, a client education fact sheet was written in English and translated into Spanish, Implanon supplies were obtained and MCHD began offering this method early in FY 2010 as planned. In FY 2010, three Implanon systems have been placed and one (placed previously in another clinic and expired) was removed per the MCHD contracted NP.</p>
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Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education 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 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	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.	100% of the schools in Morrow County were using the Alert system during the 2010 primary review process to identify immunizations that students needed to be complete.	One of the schools did not demonstrate the same proficiency as the others in using the ALERT system. There are three Immunization reviews planned for Morrow County, one of which will take place at that school.
		09/09	Admin /Cleric			
		Begin 11/09	Cleric			
					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

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

Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education 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
		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

Immunization Comprehensive Triennial Plan

Local Health Department:

Plan A - Continuous Quality Improvement PART 2: 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
C. Increase the Morrow County Health Dept. Percent of 24-35 month olds covered with the 4:3:1:3:3:1 series by 1% each year over the next 3 years.	1. Use IRIS/ALERT to screen every child at every visit.	Begin 07/09	Cleric	2009 Timeliness report form OIP Demonstrate improvement (increase) from 74% in 2008, to $\geq 75\%$ in 2009.	<u>Awaiting Data to complete Reports</u>	To be completed for the CY 2009 Report
	2. Entering all doses administered into IRIS within 14 days	Begin 07/09	Cleric			
	3. Give all shots due unless truly contraindicated and/or parent continues to refuse after educational efforts	Begin 07/09	RN			
	4. Provide parents with a written reminder (sticker with highlighted date), written appointment card and suggest reminder in cell phone, for return to clinic for next vaccines.	Begin 07/09	Cleric			
	5. Utilize IRIS/ALERT for report of 24 mos UTD for 4 th DTaP dose each quarter.	Begin 10/09	Cleric			

Immunization Comprehensive Triennial Plan

Local Health Department:

Plan A - Continuous Quality Improvement PART 2: 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
C. Increase the Morrow County Health Dept. Percent of 24-35 month olds covered with the 4:3:1:3:3:1 series by 1% 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 continues to refuse after educational efforts 4.Provide parents with a written reminder (sticker with highlighted date), written appointment card and suggest reminder in cell phone, for return to clinic for next vaccines. 5.Utilize IRIS/ALERT for report of 24 mos UTD for 4 th DTaP dose each quarter.		Cleric		To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
			Cleric			
			RN			
			Cleric			
			Cleric			

Immunization Comprehensive Triennial Plan

Local Health Department:

Plan A - Continuous Quality Improvement PART 2: 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
C. Increase the Morrow County Health Dept. Percent of 24-35 month olds covered with the 4:3:1:3:3:1 series by 1% 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 continues to refuse after educational efforts 4.Provide parents with a written reminder (sticker with highlighted date), written appointment card and suggest reminder in cell phone, for return to clinic for next vaccines. 5.Utilize IRIS/ALERT for report of 24 mos UTD for 4 th DTaP dose each quarter.		Cleric		To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
			Cleric			
			RN			
			Cleric			
			Cleric			

Immunization Comprehensive Triennial Plan

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	Cleric	2009 Timeliness report form OIP Demonstrate improvement (increase) from 66% in 2008, to 68% in 2009.	<u>Awaiting Data to complete Reports</u>	To be completed for the CY 2009 Report
		Begin 07/09	Cleric			
		Begin 07/09	RN			
		Begin 07/09	Cleric			
		Begin 10/09	Cleric			
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	Cleric	2009 Timeliness report form OIP Demonstrate improvement (decrease) from 12% in 2008, to 10% in 2009.	<u>Awaiting Data to complete Reports</u>	To be completed for the CY 2009 Report
		Begin 07/09	Cleric			
		Begin 07/09	RN			
		Begin 07/09	Cleric			

Immunization Comprehensive Triennial Plan

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

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 4 th 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