

Morrow County LPHA FY 12 Annual Plan

I. Executive Summary

Morrow County Health Department (MCHD) continues to provide the 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 education, inspection, installation and distribution) and referral as appropriate. The home visiting services provided include Maternity Case Management (MCM), Babies First, CaCoon and Healthy Start/Healthy Families of America. Other programs include Emergency Preparedness and Tobacco Prevention & Education. Environmental health services are contracted with Umatilla Co and the WIC program is provided by the Umatilla Morrow Head Start. Morrow County also participated in Phase I of Healthy Communities this past year but due to the current economic climate this program did not receive funding for FY 12. Morrow County has an active Community Health Improvement Partnership (CHIP) group, and MCHD is one of the founding members. The CHIP Coordinator attended all of the Healthy Community trainings as the community member representative. The CHIP group conducted a county wide survey and held public forums to encourage community participation. CHIP is in the process of identifying priorities and The Healthy Comm Coord is working towards aligning common priorities into the three year implementation plan. Environmental health services are contracted with Umatilla Co and the WIC program is provided by the Umatilla Morrow Head Start. Clinics providing Family Planning and Immunization services are offered 3 days per week on a walk in (and same day appt.) basis. In an effort to protect our most vulnerable residents, the first Flu clinics are offered at each of the three senior meal sites, and at three evening hour clinics in addition to all regularly scheduled clinics throughout the Flu season. Prenatal care has long been a concern as there are no providers offering these services and no delivering facilities within the county. As one would imagine, the rate of Inadequate Prenatal care is more than twice that of the State. There is also a significant undocumented population in the county with a variety of barriers to care. In an effort to improve access to prenatal care, Morrow County has applied for the CAWEM + program but has not yet received official approval.

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.

The 2011 – 2012 budget has been submitted and is awaiting final approval by the Morrow County Board of Commissioners.

Morrow County LPHA FY 11 Annual Plan

II. Assessment

Morrow County is a small rural county located east of the Cascades in north-eastern Oregon with an estimated population of 12,595. The land area is 2,049 square miles and there are 5.4 persons per square mile. The elevation varies from 250 feet on the Columbia River to 6,000 feet in the Blue Mountains. 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, utilities, forest products, livestock and recreation. Points of interest include the Columbia River, coal-fired generating plant, Blue Mountains, Umatilla National Forest, Oregon Trail, Blue Mountain Scenic Byway, Morrow County Museum, Port of Morrow and the Lewis and Clark Route. The Port of Morrow, second largest in the state in terms of tonnage, serves as a gateway to Pacific Northwest and Pacific Rim markets.

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. There is a Senior 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. The Morrow County Health District 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 mental health agency providing 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 resulting in data that is either unreliable or unavailable. 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, up to 21 years of age. Prenatal care is not available within the county which may also have a negative impact on Birth Defects.

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 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. The Oregon Office of Rural Health statistics 2003 – 2007 (Crude Death Rates per 100,000) Cancer rates for Morrow County is 181.6 compared to the State at 188.8. The Heppner area is noted to be considerably higher at 280.0, than the overall county rate.

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 lower percent of those which met the CDC recommendation for Physical activity. MCHD offers educational materials and handouts but does 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 is the case with most of the counties throughout 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 according to the Morrow County Tobacco Fact Sheet 2009 (provided by the Oregon TPEP program), 32 percent of all deaths in our county can be attributed to the use of tobacco.

DENTAL: The availability of dental care is somewhat limited in Morrow County. The only provider of dental care is Advantage Dental with offices at three sites. Two of the offices are in Morrow county (Heppner and Boardman) and the Hermiston office is located in Umatilla Co. Two dentists provide all of the care. The Hermiston office offers services Mon-Fri and both the Boardman and Heppner offices have limited days per week. Bilingual staff are available on a limited basis in each office with the ability to provide translation services per phone on an as needed basis. New clients and OHP clients are welcome. Dental Hygiene and annual exams are scheduled up to 6 months in advance. Typical wait time for non-emergent dental appt. is 1 – 2 weeks. The Hermiston clinic offers Emergency care on a walk-in basis three days per week available to anyone. As noted, this clinic accepts OHP and bills “most” insurance companies. Advantage Dental clinic also offers reduced Fees for those eligible, other discounts available on a case by case basis and a 5% discount for cash payments. 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. 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. Diabetes was also identified as a concern through the CHIP community health needs assessment (education, prevention, and management) as supports that are 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 or another for a very 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 in addition to solutions that 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 a Contract with Umatilla County to provide Environmental Health services.

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 two years 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). Education and referral for immunization services 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 twelve 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 is 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 to CCS 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 classified as overweight, obese and if CDC recommendations were met are 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 the comparison to State rates for 2004 – 2007 are listed below.

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 2011) is 12,595. 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 approx. 42% of the total county population. This is a rural

county and much of the population (approx. 42%) also reside outside of incorporated cities. The population has demonstrated a 4.9% increase from 2000 – 2009. The Gender of the population is 49.1% Female and 50.9% Male. Population by Age (contrasted with Oregon): 0 – 17 yrs = 27.8%, (Or = 23%); 18 – 64 yrs = 60.9%, (Or = 63.3%); and 65 – 85+ = 11.3%, (Or = 13.2%). The greatest variance in Race/Ethnicity in Morrow County is Hispanic vs Non-Hispanic. Total Population Hispanic = 31.5% vs White Non-Hispanic = 64.6%. 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 represented in fairly small numbers. Morrow County has experienced an influx of immigrants in the past 18 mos (many of which are political refugees) through the International Rescue Committee (IRC) of Boise, Idaho. There is a variance in socio-economic status noted to differ from one end of the county to the other. Morrow County currently ranks 21st in the State for Per Capita Income, 23rd for Unemployment and 22nd for Poverty. 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). 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:

First Trimester Care:

2007 - Morrow = 63.2%/Oregon = 78.4%

2008 - Morrow = 56.7%/Oregon = 70.2%

2009 - Morrow = 62.5%/Oregon = 71.3%

2010 - Morrow = 48.5%/Oregon = 73.2%

Inadequate Prenatal Care:

2007 - Morrow = 9.9%/Oregon = 6.4%.

2008 - Morrow = 12.7%/Oregon = 7.0%

2009 - Morrow = 9.4%/Oregon = 6.1%.

2010 - Morrow = 10.6%/Oregon = 5.3%

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. In the past MCHD has utilized 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. This was accomplished through a contract for Prenatal care services through Mirasol Family Health Center located in Hermiston. In this way 5 – 6 women were able to access prenatal care services based on actual cost per client depending upon the total number of visits to be paid and/or when services began. MCHD has recently requested that CAWEM + services through OHP be expanded to include Morrow County; no official approval has yet been received. There are many advantages to participating in the CAWEM + Program. With little increase in the current funding amount, many more women can be served (47 vs the current 5/6), women will be able to access a provider of their choice (any accepting OHP) and the program will be administered through the DHS office, (MCHD will not have any involve-

ment with the billing or payment process). If approval is received the program will begin July 1st, 2011. MCHD would then terminate the current contract with Mirasol and specific efforts will be made to educate the public regarding the availability of CAWEM + to eligible county residents. 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 clients as needed.

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 January 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), Pioneer Memorial Hospital and the 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 pregnancies can cause a large statistical difference in the data. Note: according to the 2003 benchmark, Morrow County ranked “21st”. 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 at which clients received an 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 employs a Community Health Educator/Tobacco Prevention and Education (TPEP) Coordinator at 1.0 FTE. Job duties are shared between the TPEP program (0.5 FTE) and as the Communicable Disease Coordinator (0.5 FTE). The return of the TPEP program to Morrow County three years ago 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 included 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 County 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%.

The Morrow County TPEP Coordinator has been seeking information and education in an effort to combat the smokeless tobacco usage rate but has found limited information on this specific topic. She is planning to attend the National Smokeless & Spit Tobacco Summit in Austin, Texas May 10 – 12th, 2011.

UNINTENDED PREGNANCY: It is difficult to identify an actual number/rate 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 on this subject. 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.

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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. 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 uses the State ORPHEUS system for CD reporting and follow-up. 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 indicated. 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. This is evidenced by the information listed below regarding Total cases of reportable disease of Morrow County residents (data supplied per 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 12 was submitted to the State TPEP program per Kylie Menagh 03/04/11. MCHD received notification from the TPEP program per Kylie Menagh 03/29/11, advising that the application/plan had been “accepted with required and/or recommended modifications”. See the Morrow County TPEP plan for further information.

The Smokeless tobacco rate in Morrow County is a concern as mentioned previously in the Annual Plan. The Morrow County TPEP Coordinator has been seeking information and education in an effort to combat the smokeless tobacco usage rate but has found limited information on this specific topic. She is planning to attend the National Smokeless & Spit Tobacco Summit in Austin, Texas May 10 – 12th, 2011.

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 with progress and revision of goals submitted for FY 2011. Due to delayed receipt of AFIX data, the submission deadline for the FY 12 Immunization Plan has been delayed to June 1st, 2011.

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. Documentation and revised goals will be completed and submitted for FY 12 once the data is available. For further information, refer to the Immunization Plans submitted for FY 11.

MCH Programs:

Overview of home visiting programs offered per MCHD:

MCHD currently has a Community Health Nurse at 1.0 FTE with job responsibilities primarily within the MCH home visiting programs in addition to (limited) clinical duties.

MCHD offers Maternity Case Management (MCM), Babies First, and CaCoon home visiting programs. This nurse also works collaboratively with the Healthy Start/Healthy Families of America program which is also housed within the public health department. In this way, the home visiting programs can be tailored to whatever program best meets the needs of the family and duplication of services can be 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 in the past. Should a concern arise relating to a Healthy Start client ie growth and development, she (or the other CHN) 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 Healthy babies start with healthy mothers who get early, regular and high quality health care. The hope is that this will have a positive impact on the preterm delivery and low birth weight rates.

Morrow County has one hospital located within the county which does not offer delivery services (other than emergency). 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. 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:

First Trimester Care:

2007 - Morrow = 63.2%/Oregon = 78.4%
2008 - Morrow = 56.7%/Oregon = 70.2%
2009 - Morrow = 62.5%/Oregon = 71.3%
2010 - Morrow = 48.5%/Oregon = 73.2%;

Inadequate Prenatal Care:

2007 - Morrow = 9.9%/Oregon = 6.4%.
2008 - Morrow = 12.7%/Oregon = 7.0%;
2009 - Morrow = 9.4%/Oregon = 6.1%.
2010 - Morrow = 10.6%/Oregon = 5.3%;

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. In the past MCHD has utilized 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. This was accomplished through a contract for Prenatal care services through Mirasol Family Health Center located in Hermiston.

MCHD has recently requested that CAWEM + services through OHP be expanded to include Morrow County; no official approval has yet been received. There are many advantages to participating in the CAWEM + Program. With little increase in the current funding amount, many more women can be served, women will be able to access a provider of their own choice (any accepting OHP) and the program will be administered through the DHS office, (MCHD will not have any involvement with the billing or payment process). If approval is received the program will begin July 1st, 2011. MCHD would then terminate the current contract with Mirasol and specific efforts will be made to educate the public regarding the availability of CAWEM + to eligible county residents.

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 clients as needed.

Infant and Child Health:

MCHD has struggled in the past regarding limited nursing time to devote to the various home visiting programs. The CHN position was previously at .8 FTE, but was restored to a 1.0 FTE position in FY 11. This Community Health Nurse has job responsibilities primarily within the MCH home visiting programs in addition to (limited) clinical duties. MCHD offers Maternity Case Management (MCM), Babies First, and CaCoon home visiting programs. This nurse also works collaboratively with the Healthy Start/Healthy Families of America program which is also housed within the public health department. In this way, the home visiting programs can be tailored to whatever program best meets the needs of the family and duplication of services can be 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 (or the other CHN) can provide a Babies First home visit to further assess the situation providing screening, follow-up and/or referral to other programs as appropriate.

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. MCHD has been involved with the Morrow County School District in promoting the My Future My Choice curriculum. Public Health has also offered supports to the schools in providing health education to the students.

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 received equal or more effective BCM = 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.

The Family Planning FY 12 Annual Plan was submitted previously to Judith Andreasen on 2/7/11. The FP plan is attached with the MCHD LPHA FY 12 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 providing a wide representation of the community. 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 Of Commerce, Business', etc. Primarily the information requested has been regarding Communicable Disease, Tobacco Education & 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 Health Department Organizational chart is included as an attachment.

The Morrow County LPHA is the County Judge and the entire Board of Commissioners (3 total) including the judge. The Morrow County Court also oversees the local Commission on Children and Families (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.

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 available within the county. Although there are no immediate answers on the horizon for providing Prenatal Care within the boundaries of the county, our goal is to have a positive impact on the acquisition of Prenatal Care if Morrow County is approved for the OHP CAWEM+ program.

VI. Budget

Projected revenue budget information will be submitted later, as per Annual Plan requirements. Projected FY 12 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 office and all requirements listed below related to Vital Statistics are met through that 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. All requirements listed below related to this position are met through that 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. All of the Environmental Health Requirements are met through this contract.

- 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 No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No ___ Compliance assistance is provided to public water systems that violate requirements.
54. Yes No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes 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 No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No ___ School and public facilities food service operations are inspected for health and safety risks. **EH services are provided per Umatilla County.**
60. Yes 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 are provided as per Umatilla County.**
61. Yes 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 in the**

Morrow County Solid Waste Advisory Committee (SWAC).

62. Yes 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 No ___ Family Planning
 - c. Yes No ___ Parent and Child Health
 - d. Yes No ___ Older Adult Health (**As appropriate**)
 - e. Yes N/A No ___ Corrections Health (**No corrections facility exists in Morrow County**)
75. Yes No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes 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 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 No ___ Perinatal care is provided directly or by referral.
83. Yes 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

05/01/11
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. 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 for 10 years before moving on to Public Health 20 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 nine years ago.

I value continuing education and have attended numerous trainings on a variety of topics since joining Public Health. I also participated in the Public Health Nursing Leadership Institute (PHNLI) in 2006. I value CLHO and the opportunity to be actively involved, attending meetings as my schedule allows, often participating by phone. I also participated in the site testing for video conferencing and plan to utilize this technology more for meetings in the future.

I have attended OPHA for the last several years and am a member of the Nursing section. I plan to attend the conference again this fall. I have also attended the AOPHNS Conf. held each spring at Silver Falls several times in the past but was unable to attend in 2009 or 2010. However, I plan to attend the AOPHNS Conf. this year (2011).

I have seriously considered participation in an RN to BSN program and have solicited several different learning institutions for comparison. Consideration

has been given regarding credits offered/acknowledged for previous education, credit/classes required, cost, on-line status, flexibility, etc. I also found it interesting that the March 2011 issue of the Sentinel has an article titled “Going Back To School? Do Your Homework”. Due to a variety of reasons both personal and professional (including preparing for the next Triennial Review 05/12), I do not feel that this is a commitment that I can take on in this next year. However I am interested in pursuing formal education in the future and will reconsider at a later time.

I will continue to attend professional meetings, attend Public Health trainings as appropriate and applicable and I plan to follow up with self paced internet based trainings. I have also selected some sites listed below and identified appropriate trainings that I may participate in throughout this next fiscal year.

Northwest Center for Public Health Practice

This site offers a variety of online modules and I am interested in the following training offered, particularly the training regarding Workforce Resiliency listed first below:

- Workforce Resiliency
- Epidemiology – Data Interpretation, Study Types, Measuring Risk, and Screening in Public Health.
- Emergency Distribution of Pharmaceuticals
- Basic Concepts in Data Analysis for Community Health Assessment
- Introduction for Public Health Law
- Program Evaluation in Public Health
- Approaching Public Health Competencies

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 (on site conferences, teleconferences and webinars).

I have also identified a training that I believe would be a helpful review as it 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.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY'12**

July 1, 2011 to June 30, 2012

Agency: Morrow County

Contact: Sheree Smith

Goal 1: 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.) Title X clients may desire a type of long term BCM that is otherwise unattainable due to the related high cost of access, insertion and possible management.	1. Funding will be identified (approx. \$1,750) to provide a specified number of high cost longterm BCM's to be offered to Title X eligible clients.	<ul style="list-style-type: none"> • Paraguard IUD – 3 units <u>\$235Each (#3 = \$705)</u> • Mirena IUS – 3 units <u>\$241 Each (#3 = \$723)</u> • Implanon – 1 unit (<u>\$314 Ea</u>) <p>The # of IUD/IUS units may be interchangeable (if cost continues comparable)</p>	<ul style="list-style-type: none"> • Total number of units requested and/or utilized will be evaluated at the end of the fiscal year for responsiveness to the identified need.
	2. These methods will be offered on first come/served basis to begin 07/01/10.	<ul style="list-style-type: none"> • A list of the available # of each BCM will be maintained confidentially to document usage/need. 	<ul style="list-style-type: none"> • Annual usage will be assessed to determine if usage is appropriate to demand/need of clientele.
2.) Continued medical advancements require ongoing staff education of a variety of health related subjects.	1 .Continue to increase staff knowledge and competency by encouraging attendance at medical/health related training in FY 2012.	<ul style="list-style-type: none"> • Promote and support staff attendance at medically related trainings • Review trainings available at each staffing to evaluate appropriate attendees • Staff attending will share learned knowledge with other staff members as applicable. 	<ul style="list-style-type: none"> • Review the number of trainings staff attended in FY 12 at years end. • Review number of staff participating in trainings for FY 12. • Review trainings attended and provide time for sharing info with other staff as applicable.

Goal 2: To direct services to address disparities among Oregon’s high priority and underserved populations specifically for Teens, Men and the Refugee population accessing services in Morrow County.

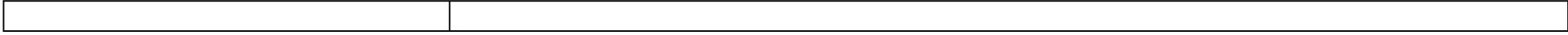
Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>#1 The percentage of identified underserved clientele accessing services in Morrow County continues to be low as per FY Title X 2010 FP data.</p> <p>- <u>Teens = 16.2%</u> State Avg. is 26.4%</p>	<p>1. Increase percentage of Teens accessing FP services as per FY 2011 Data.</p>	<ul style="list-style-type: none"> • Continue to offer options to increase clinic availability “outside” of usual school hours: continue expanded clinic hours, FP exams offered on a non-school day, etc. • Continue communications with the School District Superintendant and school based staff in an effort to support the Health Education of students • Challenge students; decrease teen pregnancy 	<ul style="list-style-type: none"> • Review the percentage of teen clients in FY 2011 and compare with FY 2010.
<p>- <u>Males = 3.1%</u> State Avg. is 6.6%</p>	<p>2. Continue changes within the program/clinic to become more “Male friendly” in an effort to increase the number of Male clients served as per FY 2011 Data.</p>	<ul style="list-style-type: none"> • Create Male History and Exam form for clinic use. • Continue to explore funding available and grant requirements for Vasectomy project to identify the feasibility of offering this option of BCM. 	<ul style="list-style-type: none"> • Review the percentage of Male clients in FY 2011 and compare with FY 2010.
<p>- Refugee Clients accessing FP services</p>	<p>Increase the number of refugee clients accessing services by creating and maintaining a supportive & friendly environment.</p>	<ul style="list-style-type: none"> • Utilize the Tele-Language line to augment communication with this population. • Continue to provide Immunization, TB Screening, Laboratory testing and offer FP or other services as appropriate. • Continue to provide advocacy and assistance for DHS and other services as needed. • Continue to refer to local Civil Surgeon for health exams to complete Immigration requirements and/or other services as appropriate. 	<ul style="list-style-type: none"> • MCHD to “hand count” the total number of Refugees accessing service to compare with the prior service year.

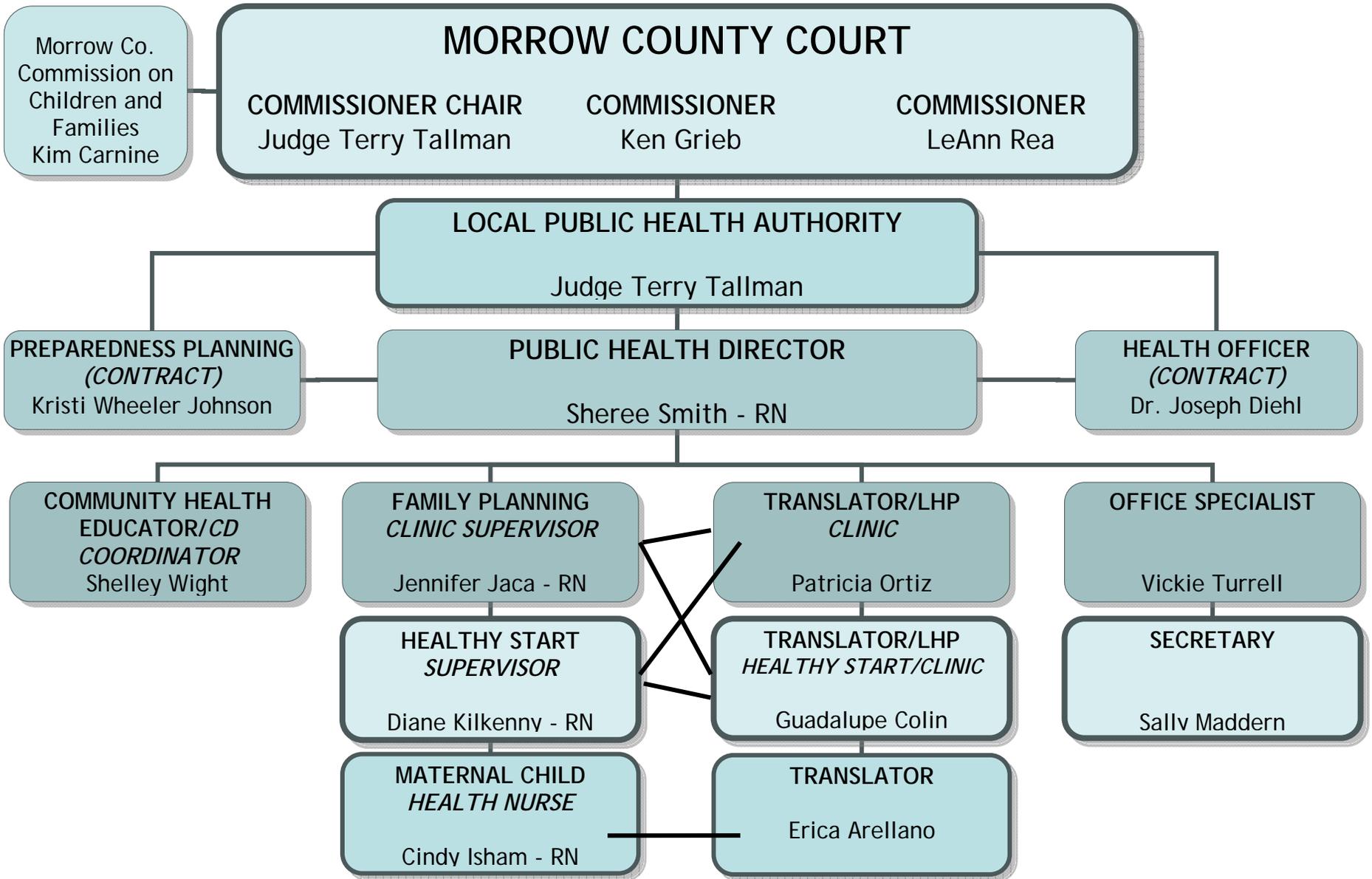
Progress on Goals / Activities for FY 11

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

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.

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. 	<ul style="list-style-type: none"> • Staff consistently encouraging donations from every client. The FY 11 goal for donations was \$440. This amount has already been met as the total donations received as of 12/31/10 = \$461. • Staff continues to provide a Super Bill to each client so that they are aware of the actual value of the service received. • Staff have also continued to provide assistance to clients and encouraged the return of supporting documentation to meet the FPEP program requirements.
<p>#2 Advancements in the medical community resulting in the need to obtain additional knowledge/training....</p>	<p>All Family Planning staff members have participated in one or more program related trainings throughout this past year. Training attended have included the Family Planning Coordinators Conf., the Reproductive Health Conf, participation in the quarterly OMC Conf and participation in a variety of Phone Conferences.</p>
<p><u>Goal #2</u> 1.) The percentage of Teen and Male clients accessing services is low; therefore a goal to increase both types of clientele was identified. *Unable to accurately compare number and percentage of Teen and Male clients served as we have identified that the FY 2010 data is probably not accurate due to delays in county data submission/billing.</p>	<ul style="list-style-type: none"> • Clinic hours were expanded at the end of the clinic day (after school hours) allowing for clients to access services up to the actual close time (necessitating staff to stay later at times) to make clinic more accessible. • Discussions with the School District Superintendant have taken place regarding LHD support for student Health Education (including sexual). Initially this communication has focused on the My Future My Choice curriculum with an offer from LHD staff to provide classroom support as desired. • Students have not yet been “challenged to change the Teen Pregnancy Rate” and this remains a goal for the coming fiscal (school) year. • Two LHD staff RN’s attended the Male Exam training offered at the RH Conf last year • Male History and Exam form not yet completed and cont to be FY 2012 goal. • MCHD is assessing feasibility of Vasectomy services; staff desire to attend counseling training.





**Oregon Tobacco Prevention and Education Program
Local Health Department Grants 2011-2012**

Application Cover Sheet		
Local Health Department Name	Morrow County Health Department	
TPEP Coordinator	Name	Shelley Wight
	Phone	541-676-5421
	E-mail	<swight@co.morrow.or.us>
Program Supervisor	Name	Sheree Smith
	Phone	541-676-5421
	E-mail	<ssmith@co.morrow.or.us>
Local Health Department Administrator	Name	Sheree Smith
	Phone	541-676-5421
	E-mail	<ssmith@co.morrow.or.us>

Disclosure of Tobacco Relationships

Oregon Administrative Rules 333-010-0320 requires disclosure of any and all direct and indirect organizational or business relationships between the TPEP grant 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.

Does the Local Health Department have any direct or indirect relationship with tobacco-related companies, as described above?

Yes No

If yes, please disclose any such relationships:

Local Tobacco Control Advisory Group Morrow County

Briefly summarize how community leaders were consulted to select the strategic direction and priorities, including those related to reducing health disparities, for the Local Program Plan for this grant application. Add rows as needed.

Community Leader, Partner, Stakeholder or other Advisor consulted Name of individual	Name of Organization	Briefly describe how this Advisory Group member helped guide the development of the Local Program Plan.	If applicable, note the BPO(s) in which this individual or organization will continue to be involved.
<u>Terry Tallman</u>	<u>Morrow County Court (County Judge)</u>	<u>TPEP Plan and activities presented to County Commissioners as a part of Public Health quarterly updates at a minimum of twice per year</u>	<u>All BPO's addressed as applicable and appropriate</u>
<u>LeAnn Rea</u>	<u>Morrow County Court (Commissioner)</u>	<u>TPEP Plan and activities presented to County Commissioners as a part of Public Health quarterly updates at a minimum of twice per year</u>	<u>All BPO's addressed as applicable and appropriate</u>
<u>Ken Grieb</u>	<u>Morrow County Court (Commissioner)</u>	<u>TPEP Plan and activities presented to County Commissioners as a part of Public Health quarterly updates at a minimum of twice per year</u>	<u>All BPO's addressed as applicable and appropriate</u>

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<u>Dr. Betsy Anderson</u>	<u>PMH Clinic Practitioner</u>	<u>TPEP Plan and activities discussed periodically. This clinician has also participated in TPEP presentations and activities.</u>	<u>BPO #2 – Tobacco Free Worksites</u>
<u>Andrea Fletcher</u>	<u>Community Health Improvement Partnership (CHIP) Network Director</u>	<u>TPEP Plan and activities discussed in general with the CHIP group particularly in anticipation of the planned Community Health Needs Assessment.</u>	<u>BPO#1 – Building Capacity for Chronic Disease Prevention.</u>
<u>Janet Jones</u>	<u>Umatilla County TPEP Coordinator</u>	<u>TPEP Plan and activities discussed periodically; particularly regarding those BPO’s represented in both counties requiring close collaboration between TPEP coordinators.</u>	<u>BPO #4 – Smoke Free Multi-Unit Housing, BPO #5 – Tobacco Free College Campus’ (BMCC), and other TPEP issues.</u>

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Line Item Budget and Narrative Worksheet

Please complete the following Line Item Budget for: **OHA TPEP PE13 for FY2012 (07/01/11-06/30/12)**

Identify only funds requested under the OHA **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	\$42,185	50.00%	12	21,092.50	
	2	MCHD Director	\$66,181	5.00%	12	3,309.05	
	3					0.00	
	4					0.00	
	TOTAL SALARY					\$24,401.55	
	Narrative* : The TPEP Coordinator is a full time position with hours shared between the TPEP program (.5 FTE) and also Communicable Disease Coordinator (.5 FTE). The MCHD Director is actively involved in the TPEP program assisting in the development of the Work Plan Objectives and providing administrative supports.						\$24,402
(B) Fringe Benefits	Position #	Total Salary	Base If Applicable	%	=	Total Fringe	
	1	21,092.50		46.00%	=	9,702.55	
	2	3,309.05		0.00%	=	0.00	
	3	0.00			=	0.00	
	4	0.00			=	0.00	
	TOTAL FRINGE					\$9,702.55	\$9,703
(C) Equipment	List equipment. Include all equipment necessary for program (i.e. computer, printer).					\$0	
	Narrative* : The Fringe Benefits for the TPEP Coordinator are based on actual cost. The Salary above for the MCHD Director is based on actual salary but the corresponding fringe benefit costs were not included as this is in excess of the budgetary supports provided from TPEP.						\$0
(D) Supplies	Do not list. These items include supplies for meetings, general office supplies ie. paper, pens, computer disks, highlighters, binders, folders, etc.					\$200	\$200
(E) Travel	This covers in-state, out-of-state, and travel to all required trainings.						
		In state		Out Of State		Subtotal	
	Narrative* :						
	Per Diem:	150				\$150	
	Hotel:					\$0	
	Air fare:					\$0	
	Reg. fees:					\$0	
	Other:					\$0	
	Mileage:	Miles:	1666	X	.51	per mile	\$850
							\$1,000
(F) Other	Please list.						
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	\$0
(G) Contractual:	List all sub-contracts and all contractual costs, if applicable.						
Contracts must be pre-approved by liaison						\$0	
						\$0	\$0
(H) Total Direct Charges	(Sum of A through G)						\$35,304
(I) Cost Allocation	Cost Allocation @		15.746% (actual amt \$5,560)			\$1,019	\$1,019
(J) TOTALS	(Sum of H & I). Should equal OHA TPEP PE13 Request.						\$36,323

* Attach additional Narrative on a separate sheet if necessary

Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: <u>Morrow County Health Dept.</u>		
Best Practice Objective: BPO #1, Title <u>Building Capacity For Chronic Disease Prevention, Early Detection, and Self Management</u>		
SMART Objective: By June 2012... <u>Morrow County Public Health will collaborate with Community Partners to complete and share the results of the Community Health Needs Assessment.</u>		
Critical Question: 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. <u>By completing the needs assessment, we will prioritize goals based on the assessment, and pass policies to address the goals to reduce health disparities in Morrow County.</u>		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<u>1. Working with local partners, we will develop a timeline to complete the Community Needs Assessment by August 2011.</u> <u>2. Continue to meet quarterly with our Community Health Improvement Partnership (CHIP) group.</u>	
Assessment	<u>1. Gather and review the completed Community Needs Assessment data September 2011 – April 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>1. Continue to share with local partners, the “Friends Helping Friends For Better Health” data throughout the year July 2011 to June 2012.</u> <u>2. Meet with the County Commissioners and give an update on the Community Health Needs Assessment progress by September 2011.</u>	
Media Advocacy	<u>Continue to provide updates of progress to the local Media about the Community Health Needs Assessment July 2011 – June 2012.</u>	

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Policy Development, Promotion, & Implementation	<u>The change tool findings will be shared with the local CHIP Coordinator, Andrea Fletcher by Sept 30th, 2011.</u>		Formatted: Superscript
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>		Deleted: ¶
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)	Formatted: Font: Not Bold
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Coordination & Collaboration	<u>Continue to meet quarterly with our Community Health Improvement Partnership (CHIP) group.</u>		Deleted: 2
Assessment	<u>Gather and review the completed Community Needs Assessment data September 2011 – April 2012.</u>		Formatted: Indent: Left: 0 pt
Education & Outreach (Development of Local Champions)	<u>Continue to share with local partners, the “Friends Helping Friends For Better Health” data throughout the year July 2011 to June 2012.</u>		Deleted: ¶
Media Advocacy	<u>Continue to provide updates of progress to the local Media about the Community Health Needs Assessment July 2011 – June 2012.</u>		Deleted: ¶
Policy Development, Promotion, & Implementation	<u>The change tool findings will be shared with the local CHIP members by Dec 31st, 2011.</u>		Deleted: ¶
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>		Deleted: ¶
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)	Formatted: Indent: Left: 0 pt
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Coordination & Collaboration	<u>Continue to meet quarterly with our Community Health Improvement Partnership (CHIP) group.</u>		Deleted: ¶
Assessment	<u>Gather and review the completed Community Needs Assessment data September 2011 – April 2012.</u>		Formatted: Indent: Left: 0 pt
Education & Outreach (Development of Local Champions)	<u>Continue to share with local partners, the “Friends Helping Friends For Better Health” data throughout the year July 2011 to June 2012.</u>		Deleted: ¶

Media Advocacy	<u>Continue to provide updates of progress to the local Media about the Community Health Needs Assessment July 2011 – June 2012.</u>	
Policy Development, Promotion, & Implementation	<u>The change tool findings will be used to implement needed policy changes based on priorities identified by the CHIP members by Mar 31st, 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<u>Continue to meet quarterly with our Community Health Improvement Partnership (CHIP) group.</u>	
Assessment	<u>Gather and review the completed Community Needs Assessment data September 2011 – April 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Continue to share with local partners, the “Friends Helping Friends For Better Health” data throughout the year July 2011 to June 2012.</u>	
Media Advocacy	<u>Continue to provide updates of progress to the local Media about the Community Health Needs Assessment July 2011 – June 2012.</u>	
Policy Development, Promotion, & Implementation	<u>Will continue implement of the identified priorities and provide technical assistance as needed by June 30th, 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	

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Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: <u>Morrow County Health Dept.</u>	
Best Practice Objective: BPO #, <u>2</u> Title <u>Tobacco-Free Worksites</u>	
SMART Objective: By June 2012... <u>Morrow County Public Health will have a Tobacco-Free Campus Policy.</u>	
Critical Question: 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. <u>Morrow County has a higher smoking and smokeless Tobacco rate than the State average and less access to cessation services. By encouraging utilization of available resources we will help employees be healthier and serve as an example for other worksites.</u>	
<hr style="border-top: 1px dashed red;"/>	
First Quarter Activities (July 1, 2011-Sept. 30, 2011)	First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<u>Continue to collaborate with HR, County Commissioners and the Employee Union to share the benefit package information for Tobacco cessation supports July 2011 – June 2012.</u>
Assessment	<u>Assess current Tobacco coverage for Morrow County employees by September 2011.</u>
Education & Outreach (Development of Local Champions)	<u>Will plan to meet with County Commissioners to provide an update and ask for support in implementing a Public Health Tobacco-Free Policy by Sept. 30th, 2011.</u>
Media Advocacy	
Policy Development, Promotion, & Implementation	<u>Encourage the adoption of a Tobacco Free Campus policy July 2011 – June 2012.</u>
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>

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Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<u>Continue to collaborate with HR, County Commissioners and the Employee Union to share the benefit package information for Tobacco cessation supports July 2011 – June 2012.</u>	
Assessment	<u>Ensure employees are aware of available Tobacco cessation coverage October 2011 – June 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Will plan to meet with the local Employee Union #2479 to provide information and ask for support to implement a Public Health Tobacco-Free Policy by Dec 31st, 2011.</u>	
Media Advocacy		
Policy Development, Promotion, & Implementation	<u>Encourage the adoption of a Tobacco Free Campus policy July 2011 – June 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<u>Continue to collaborate with HR, County Commissioners and the Employee Union to share the benefit package information for Tobacco cessation supports July 2011 – June 2012.</u>	
Assessment	<u>Ensure employees are aware of available Tobacco cessation coverage October 2011 – June 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Will plan to revisit with County Commissioners to provide an update of Union response to implementation of a Public Health Tobacco-Free Policy by Mar 31st, 2012.</u>	
Media Advocacy		

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Policy Development, Promotion, & Implementation	<u>Encourage the adoption of a Tobacco Free Campus policy July 2011 – June 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<u>Continue to collaborate with HR, County Commissioners and the Employee Union to share the benefit package information for Tobacco cessation supports July 2011 – June 2012.</u>	
Assessment	<u>Ensure employees are aware of available Tobacco cessation coverage October 2011 – June 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Pending the outcome of previous quarter activities and County Commissioners response, will plan to conduct an employee survey by June 30th, 2012.</u>	
Media Advocacy		
Policy Development, Promotion, & Implementation	<u>Encourage the adoption of a Tobacco Free Campus policy July 2011 – June 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	

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Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: <u>Morrow County Health Dept.</u>		
Best Practice Objective: BPO #4, Title <u>Smoke-Free Multi-Unit Housing</u>		
SMART Objective: By June 2012... <u>By June 2012 Morrow County will have two Multi-Unit housing properties that have adopted No Smoking rules.</u>		
Critical Question: 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. <u>The rate of Tobacco use in Morrow County is higher than the state rate. Tobacco use coupled with other high risk factors contribute to chronic conditions and poor health. The No Smoking rules that will be applied in Multi-Unit housing will be effective to help reduce second hand smoke exposure.</u>		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. <u>Collaborate with Umatilla County TPEP Coordinator to attend a Umatilla Housing Authority meeting by Sept. 30th, 2011.</u> 2. <u>Continue to work with Diane Laughter and Health Insight to assist in the work with Multi-Unit housing (July 2011 – Sept. 2011).</u> 3. <u>Will attend quarterly meetings to collaborate with other TPEP coordinators in the eastern region (July 2011 – Sept. 2011).</u> 	
Assessment	1. <u>Work with Healthy Insight (Diane Laughter) to assess Landlords readiness to adopt Smoke-Free policy by Sept. 30th, 2011.</u>	
Education & Outreach (Development of Local	<u>Meet with one Landlord/Owner per quarter to determine the status of their no-smoking policy and</u>	

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Champions)	<u>provide support as needed (July 2011 – Sept. 2011).</u>		Deleted: ¶
Media Advocacy	<u>Coordinate Newspaper articles with the Umatilla Co TPEP Coordinator, on the advantages of implementing Smoke Free policies (July 2011 – Sept 2011).</u>		Formatted: Font: Bold
Policy Development, Promotion, & Implementation	<u>As requested from Landlords to provide them with the tools needed to develop, promote and implement a Non-Smoking policy (July 2011 – Sept. 2011).</u>		Deleted: ¶
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – Sept. 2011.</u>		Deleted: ¶
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Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)	Formatted: Font: Bold
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Coordination & Collaboration	<ol style="list-style-type: none"> <u>1. Collaborate with Umatilla County TPEP Coordinator to attend a Umatilla Housing Authority meeting (by Dec. 31st, 2011).</u> <u>2. Continue to work with Diane Laughter and Health Insight to assist in the work with Multi-Unit housing (Oct. 2011 – Dec. 2011).</u> <u>3. Will attend quarterly meetings to collaborate with other TPEP coordinators in the eastern region (Oct. 2011 – Dec. 2011).</u> 		Formatted: Indent: Left: 4.5 pt, Hanging: 22.5 pt, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 36.25 pt + Indent at: 54.25 pt
Assessment	<ol style="list-style-type: none"> <u>1. Continue to work with Healthy Insight (Diane Laughter), Oct. 2011 – Dec. 2011).</u> <u>2. Assist Property Managers (as requested) to conduct tenant survey by Dec. 31st, 2011.</u> 		Formatted: Font: Bold
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Education & Outreach (Development of Local Champions)	<u>Meet with one Landlord/Owner per quarter to determine the status of their no-smoking policy and provide support as needed (Oct. 2011 – Dec. 2011).</u>		Formatted: Superscript
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Media Advocacy	<u>Coordinate Newspaper articles with the Umatilla Co TPEP Coordinator, on the advantages of implementing Smoke Free policies (Oct. 2011 – Dec. 2011).</u>		Formatted: Font: Bold
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Policy Development, Promotion, & Implementation	<u>As requested from Landlords to provide them with the tools needed to develop, promote and implement a Non-Smoking policy (Oct. 2011 – Dec. 2011).</u>		Deleted: ¶
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website Oct. 2011 – Dec. 2011.</u>		Formatted: Font: Bold Deleted: ¶
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)	Formatted: Font: Bold
Coordination & Collaboration	<ol style="list-style-type: none"> <u>1. Collaborate with Umatilla County TPEP Coordinator to attend a Umatilla Housing Authority meeting by March 31st, 2012.</u> <u>2. Continue to work with Diane Laughter and Health Insight to assist in the work with Multi-Unit housing (Jan. 2012 – Mar. 2012).</u> <u>3. Will attend quarterly meetings to collaborate with other TPEP coordinators in the eastern region (Jan. 2012 – Mar. 2012).</u> 		Formatted: Indent: Left: 27 pt, Hanging: 13.5 pt, No bullets or numbering Formatted: Superscript
Assessment	<u>Work with Healthy Insight (Diane Laughter) to review the results of the tenant survey completed last quarter including any technical assistance needed by Mar. 31st, 2012.</u>		Formatted: Indent: Left: 27 pt, Hanging: 9.25 pt Formatted: Font: Bold
Education & Outreach (Development of Local Champions)	<u>Meet with one Landlord/Owner per quarter to determine the status of their no-smoking policy and provide support as needed (Jan. 2012 – Mar. 2012).</u>		Formatted: Indent: Left: 0 pt Formatted: Superscript
Media Advocacy	<u>Coordinate Newspaper articles with the Umatilla Co TPEP Coordinator, on the advantages of implementing Smoke Free policies (Jan. 2012 – Mar. 2012).</u>		Deleted: ¶ Formatted: Font: Bold
Policy Development, Promotion, & Implementation	<u>As requested from Landlords to provide them with the tools needed to develop, promote and implement a Non-Smoking policy (Jan. 2012 – Mar. 2012).</u>		Deleted: ¶
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>		Deleted: ¶ Formatted: Font: Bold Formatted: Indent: Left: 4 pt
Fourth Quarter Activities		Fourth Quarter Report	Deleted: ¶

(April 1, 2012-June 30, 2012)		(due July 20, 2012)
Coordination & Collaboration	<p><u>1. Continue to work with Diane Laughter and Health Insight to assist in the work with Multi-Unit housing (April 2012 – June 2012) .</u></p> <p><u>2. Will attend quarterly meetings to collaborate with other TPEP coordinators in the eastern region (April 2012 – June 2012) .</u></p>	
Assessment	<p><u>Release the results of the tenant survey to the landlords and the community regarding Landlords readiness to adopt Smoke-Free policy by June 30th, 2012.</u></p>	
Education & Outreach (Development of Local Champions)	<p><u>Meet with one Landlord/Owner per quarter to determine the status of their no-smoking policy and provide support as needed (April 2012 – June 2012).</u></p>	
Media Advocacy	<p><u>Coordinate Newspaper articles to present survey results, and the advantages of implementing Smoke Free policies (April 2012 – June 2012).</u></p>	
Policy Development, Promotion, & Implementation	<p><u>As requested from Landlords to provide them with the tools needed to develop, promote and implement a Non-Smoking policy (April 2012 – June 2012).</u></p>	
Promote the Oregon Tobacco Quit Line	<p><u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website April 2012 – June 2012.</u></p>	

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Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: <u>Morrow County Health Dept.</u>	
Best Practice Objective: BPO #5, Title <u>Tobacco Free Community Colleges</u>	
SMART Objective: By June 2012... <u>Morrow County Public Health will coordinate with Umatilla County TPEP Coordinator to have BMCC adopt a No-Smoking Policy (and all other branch Campus').</u>	
Critical Question: 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. <u>Morrow and Umatilla counties have a higher smoking rate than the State average. Working with Umatilla County and BMCC to adopt Smoke-Free policies will reach a sizable portion of the target population.</u>	
First Quarter Activities (July 1, 2011-Sept. 30, 2011)	First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<u>Morrow County has one satellite learning facility in Boardman which is affiliated with Blue Mountain Community College (BMCC) that is located in Umatilla County. The development of a Tobacco-Free policy will need to be done at the primary site with implementation to other campus' following. Coordination with the Umatilla County TPEP is the only way to effect change at this Morrow County site July 2011 – June 2012.</u>
Assessment	<u>, Continue coordination and collaboration with the Umatilla County TPEP Program on BMCC's Policy July 2011 - 2012.</u>
Education & Outreach (Development of Local Champions)	<u>Coordinate with Umatilla County TPEP program and will offer to assist with education and outreach activities July 2011 – June 2012.</u>

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Media Advocacy	<u>We will collaborate and coordinate all Media coverage with the Umatilla County TPEP Coordinator July 2011 – June 2012.</u>	
Policy Development, Promotion, & Implementation	<u>Work with the Umatilla County TPEP Coordinator to promote cessation services as well as utilizing the model policy for development and implementation of a Smoke-Free Policy July 2011 – June 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<u>Morrow County has one satellite learning facility in Boardman which is affiliated with Blue Mountain Community College (BMCC) that is located in Umatilla County. The development of a Tobacco-Free policy will need to be done at the primary site with implementation to other campus' following. Coordination with the Umatilla County TPEP is the only way to effect change at this Morrow County site July 2011 – June 2012.</u>	
Assessment	<u>Continue coordination and collaboration with the Umatilla County TPEP Program on BMCC's Policy July 2011 – June 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Coordinate with the Umatilla County TPEP program and will offer to assist with education and outreach activities July 2011 – June 2012.</u>	
Media Advocacy	<u>We will collaborate and coordinate all Media coverage with the Umatilla County TPEP Coordinator July 2011 – June 2012.</u>	
Policy Development, Promotion, & Implementation	<u>Work with the Umatilla County TPEP Coordinator to promote cessation services as well as utilizing the model policy for development and implementation of a Smoke-Free Policy July 2011 – June 2012.</u>	

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Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<u>Morrow County has one satellite learning facility in Boardman which is affiliated with Blue Mountain Community College (BMCC) that is located in Umatilla County. The development of a Tobacco-Free policy will need to be done at the primary site with implementation to other campus' following. Coordination with the Umatilla County TPEP is the only way to effect change at this Morrow County site July 2011 – June 2012.</u>	
Assessment	<u>Continue coordination and collaboration with the Umatilla County TPEP Program on BMCC's Policy July 2011 – June 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Coordinate with the Umatilla County TPEP program and will offer to assist with education and outreach activities July 2011 – June 2012.</u>	
Media Advocacy	<u>We will collaborate and coordinate all Media coverage with the Umatilla County TPEP Coordinator July 2011 – June 2012.</u>	
Policy Development, Promotion, & Implementation	<u>Work with the Umatilla County TPEP Coordinator to promote cessation services as well as utilizing the model policy for development and implementation of a Smoke-Free Policy July 2011 – June 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Fourth Quarter Activities		Fourth Quarter Report

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(April 1, 2012-June 30, 2012)		(due July 20, 2012)
Coordination & Collaboration	<u>Morrow County has one satellite learning facility in Boardman which is affiliated with Blue Mountain Community College (BMCC) that is located in Umatilla County. The development of a Tobacco-Free policy will need to be done at the primary site with implementation to other campus' following. Coordination with the Umatilla County TPEP is the only way to effect change at this Morrow County site July 2011 – June 2012.</u>	
Assessment	<u>Continue coordination and collaboration with the Umatilla County TPEP Program on BMCC's Policy July 2011 – June 2012.</u>	
Education & Outreach (Development of Local Champions)	<u>Coordinate with the Umatilla County TPEP program and will offer to assist with education and outreach activities July 2011 – June 2012.</u>	
Media Advocacy	<u>We will collaborate and coordinate all Media coverage with the Umatilla County TPEP Coordinator July 2011 – June 2012.</u>	
Policy Development, Promotion, & Implementation	<u>Work with the Umatilla County TPEP Coordinator to promote cessation services as well as utilizing the model policy for development and implementation of a Smoke-Free Policy July 2011 – June 2012.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	

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Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: <u>Morrow County Health Dept.</u>		
Best Practice Objective: BPO # <u>3</u> , Title <u>Implement The Indoor Clean Air Act.</u>		
SMART Objective: By June 2012... <u>Morrow County Public Health will have responded to all complaints of violation of the Smoke-Free Workplace Law according to the Delegation agreement.</u>		
Critical Question: <ol style="list-style-type: none"> 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. <p><u>Our Tobacco use continues to be above the State average and by taking steps in a timely manner, addressing complaints of a violation and providing education and tools for work places for enforcement and promoting quitting will help reduce this disparity.</u></p>		
First Quarter Activities (July 1, 2011-Sept. 30, 201 <u>1</u>)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. <u>Collaborate with State TPEP program for WEMS related problems July 2011 – June 2012.</u> 2. <u>Local TPEP Coordinator will continue with the enforcement process July 2011 – June 2012.</u> 3. <u>Public Health Department Administrator will access training on the WEMS program through the State TPEP Liaison by October 2011.</u> 	
Assessment	<u>TPEP Program Coordinator will participate in assessment activities regarding support and tracking implementation of the law.</u>	
Education & Outreach (Development of Local Champions)	<ol style="list-style-type: none"> 1. <u>TPEP Program Coordinator will provide information regarding resources and educational materials available through the TPEP program July 2011 – June 2012.</u> 	

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	<u>2. The Morrow County Program will also utilize the required forms and letters for all enforcement related activities as provided by TPEP through the WEMS system and through TPEP Connection July 2011 - 2012.</u>	
Media Advocacy	<u>Utilize the media to educate the public on the benefits and success of the law.</u>	
Policy Development, Promotion, & Implementation	<u>Maintain and make adjustments as necessary for handling all questions and complaints of violations as needed.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<u>1. Collaborate with State TPEP program for WEMS related problems July 2011 – June 2012.</u> <u>2. Local TPEP Coordinator will continue with the enforcement process July 2011 – June 2012.</u> <u>3. Public Health Department Administrator will access training on the WEMS program through the State TPEP Liaison by October 2011.</u>	
Assessment	<u>TPEP Program Coordinator will participate in assessment activities regarding support and tracking implementation of the law.</u>	
Education & Outreach (Development of Local Champions)	<u>1. TPEP Program Coordinator will provide information regarding resources and educational materials available through the TPEP program July 2011 – June 2012.</u> <u>2. The Morrow County Program will also utilize the required forms and letters for all enforcement related activities as provided by</u>	

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	<u>TPEP through the WEMS system and through TPEP Connection July 2011 - 2012.</u>	
Media Advocacy	<u>Utilize the media to educate the public on the benefits and success of the law.</u>	
Policy Development, Promotion, & Implementation	<u>Maintain and make adjustments as necessary for handling all questions and complaints of violations as needed.</u>	
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<u>1. Collaborate with State TPEP program for WEMS related problems July 2011 – June 2012.</u> <u>2. Local TPEP Coordinator will continue with the enforcement process July 2011 – June 2012.</u>	
Assessment	<u>TPEP Program Coordinator will participate in assessment activities regarding support and tracking implementation of the law.</u>	
Education & Outreach (Development of Local Champions)	<u>1. TPEP Program Coordinator will provide information regarding resources and educational materials available through the TPEP program July 2011 – June 2012.</u> <u>2. The Morrow County Program will also utilize the required forms and letters for all enforcement related activities as provided by TPEP through the WEMS system and through TPEP Connection July 2011 - 2012.</u>	
Media Advocacy	<u>Utilize the media to educate the public on the benefits and success of the law.</u>	

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Policy Development, Promotion, & Implementation	<u>Maintain and make adjustments as necessary for handling all questions and complaints of violations as needed.</u>		Deleted: ¶
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>		Formatted: Font: Bold Formatted: Indent: Left: 4 pt
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)	Deleted: ¶ Formatted: Font: Bold
Coordination & Collaboration	<u>1. Collaborate with State TPEP program for WEMS related problems July 2011 – June 2012.</u> <u>2. Local TPEP Coordinator will continue with the enforcement process July 2011 – June 2012</u>		Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0 pt + Indent at: 18 pt
Assessment	<u>TPEP Program Coordinator will participate in assessment activities regarding support and tracking implementation of the law.</u>		Formatted: Font: Bold Deleted: ¶
Education & Outreach (Development of Local Champions)	<u>1. TPEP Program Coordinator will provide information regarding resources and educational materials available through the TPEP program July 2011 – June 2012.</u> <u>2. The Morrow County Program will also utilize the required forms and letters for all enforcement related activities as provided by TPEP through the WEMS system and through TPEP Connection July 2011 - 2012.</u>		Deleted: ¶
Media Advocacy	<u>Utilize the media to educate the public on the benefits and success of the law.</u>		Deleted: ¶ Formatted: Indent: Left: 0 pt Formatted: Indent: Left: 0 pt
Policy Development, Promotion, & Implementation	<u>Maintain and make adjustments as necessary for handling all questions and complaints of violations as needed.</u>		Deleted: ¶
Promote the Oregon Tobacco Quit Line	<u>Continue to promote the Oregon Tobacco Quit Line in all meetings and activities and will continue to be listed on our County Website July 2011 – June 2012.</u>		Deleted: ¶ Formatted: Font: Bold Deleted: ¶