

Morrow County Public Health Department



Local Public Health Authority

Annual Plan

2012 - 2013

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Morrow County Public Health

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Section 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. Morrow County was also awarded a grant (with Umatilla County) to implement the Nurse Family Partnership (NFP) home visiting program to begin within the next 6 months.

Other programs include Emergency Preparedness and Tobacco Prevention & Education. Environmental health services are contracted with Umatilla County. The WIC program is provided by the Umatilla-Morrow Head Start/WIC and there is an Interagency Collaboration Agreement in place between the two agencies regarding WIC service delivery. Clinics providing Family Planning and Immunization services are offered 3 days per week on a walk in (and same day appt.) basis. MCHD also provides a robust Influenza vaccination campaign each year. 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. The rate of Inadequate Prenatal care for Morrow County has been historically more than twice that of the State. Morrow has a significant undocumented population with a variety of barriers to care. In an effort to improve access to prenatal care, Morrow County recently implemented the CAWEM Expansion program beginning July 1st, 2011. Therefore it is too early to appreciate any significant improvement in Prenatal Care implementation and utilization rates.

Morrow County also participated in Phase I of Healthy Communities in FY 2011. During that time a Community Health Assessment was completed in collaboration with the Morrow County Community Health Improvement Partnership (MCCHIP). Morrow County Public Health was one of the founders of MCCHIP and continues to be an active member. Health assessment results were compiled and prioritized with the MCCHIP group in collaboration with the Healthy Communities coordinator in identifying common priorities to formulate the three year implementation plan. Some of these planned activities are currently coming to fruition. The plan is to utilize this assessment in seeking Public Health accreditation in the future. One of the MCCHIP activities targeted at the entire community is the Biggest Winner contest which began January 9th, 2012. The Biggest Winner is a 12 week weight reduction and management program coupled with health education in an effort to improve the health status of all participants. The goal for participation in the Biggest Winner was 80 individuals county wide. Although there is one more opportunity to enter this next week, to date at the time of this report submission there are 278 participants!

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

Section II: 1.A - Assessment

AGING ISSUES

Each of the three major communities (Heppner, Irrigon and Boardman) have active Senior Centers offering meals one time per week on different days. 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. There is also an assisted living facility with a 16 Bed capacity located in Heppner.

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. 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. There are no Prenatal Care Providers within the county which may also have a negative impact on Birth Defects.

BIRTHS

The number of births for Morrow County in 2008 was 159 (45 first births) and in 2009 the number of births were 162 (50 first births). No facilities within the county offer delivery services. The majority of infants are delivered in Umatilla County 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 Leading Causes of Death by County of Residence, Oregon, Table 6-35 reveals that Cancer is the #1 cause of Death. The 2008 table shows Morrow County at 31% of all deaths due to cancer compared with the State at 23%. This same table for 2009 reveals the percentage of all deaths due to Cancer in Morrow County at 24% which was the same at the State in 2009 at 24%. Historically it has seemed as though the rate of cancer in Morrow County is rather high. As Morrow County is a fairly small population, the difference of only a few deaths greatly impacts the percentage totals. The Oregon Office of Rural Health statistics 2003 – 2007 (Crude Death Rates per 100,000) identifies the Cancer rate for Morrow County as 181.6 compared to the State at 188.8. According to this same table, the rate of cancer in the Heppner area is noted to be considerably higher at 280.0, than the overall county rate.

CHRONIC DISEASE

According to The Age-Adjusted and Unadjusted Prevalence of Selected Chronic Conditions among Adults by County, Oregon 2006-2009, the most significant conditions for Morrow County were Arthritis, High Blood Cholesterol and HTN. The most statistically different from the State was the rate of Angina while the rate of Heart Attack was noted to be Statistically Unreliable (SU) for Morrow County. See the comparison of age adjusted percentages for Morrow County compared with the State below.

The percentage of Adults with Arthritis - 24.3%, (OR = 25.8%);

The percentage of Adults with Asthma - 8.2%, (OR = 9.7%);

The percentage of Adults with Heart Attack - "SU", (OR = 3.3%);

The percentage of Adults with Angina - 6.5%, (OR = 3.4%);

The percentage of Adults with Stroke - "SU", (OR = 2.3%);

The percentage of Adults with Diabetes - 6.8%, (OR = 6.8%);

The percentage of Adults with HTN - 16.1%, (OR = 25.8%);

The percentage of Adults with High Blood Chol - 23.1%, (OR = 33.0%);

MCHD has continued to be actively involved with the local MCCHIP. The primary goal of MCCHIP is to develop ways to improved local health care systems and the health status of area residents. With that goal in mind, MCCHIP is offering the "Biggest Winner" program county wide. The program provides supports for participants to achieve a healthy weight loss while participating in wellness education to establish lifelong healthy behaviors. To encourage county wide participation, the weekly activities will take place in all 4 of the most populous areas of the county with individual prizes awarded at every location.

Blood pressure checks are also offered at MCHD free of charge.

COMMUNICABLE DISEASE

Chlamydia continues to be the most common reportable disease for Morrow County (as is the case for 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 from the Oregon Communicable Disease Case Counts by County of Residence, 2009 listing only those disease that were reported: AIDS/HIV- 6; Campy - 5; CT+ - 18; Giardiasis - 1; Hep B (chronic) – 2; Meningococcal disease – 1; Rabies, animal – 1; West Nile – 1; (**Total = 35**).

DEATHS AND CAUSES OF DEATH

According to Table 6-35 Leading Causes of Death by County of Residence, Oregon, 2009; the two leading causes of death in Morrow County are Cancer at 24% followed by Heart Disease at 16%. Chronic Lower Respiratory Disease caused 10% and Cerebrovascular Disease is responsible for another 10% of deaths. The Morrow County Tobacco Fact Sheet 2011 (per Oregon TPEP) states 28 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 (CRCHS) is an FQHC offering services per a Dental van that comes to the clinic approximately once a month. Appoint-ments are scheduled through the FQHC and the average wait time is 2 – 3 months. MCHD provides education for the prevention of baby bottle mouth decay and toothbrushes are provided as a reward following immunization.

DIABETES

Diabetes remains a statistically significant chronic disease within the county affecting 6.8% of the population according to the Age-Adjusted Prevalence of Selected Chronic Conditions among Adults, by County, Oregon 2006 - 2009. 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 and identified as an area of focus in the Comprehensive plan. The 2007 Morrow County data per the Oregon Progress Board: notes the ranking 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 into the school system.

ELEVATED BLOOD LEAD LEVELS

Neither Public Health nor the PCP’s within the county currently offer blood lead level screening. The Umatilla Morrow HeadStart/WIC has recently started a program to screen clients, providing testing for those identified as at risk.

EMERGENCY PREPAREDNESS:

Morrow County shared the distinction of being one of two Chemical Stockpile Emergency Preparedness Programs (CSEPP) counties in Oregon, sharing the Umatilla Army Depot with Umatilla County. As such Morrow County (and thus MCHD) has benefited significantly from the technology and tech supports among many other things. Throughout this time period there has been a strong supportive and collaborative relationship between Emergency Management and MCHD. MCHD participated in all of the CSEPP Exercises. It was through this process that the MCHD Emergency Preparedness Coordinator identified a significant problem regarding the lack of data collection to assist LHD in following up with clients after an event. The PP Coordinator began to search throughout the nation and was unable to find any type of a health roster, developed for local use. The nearest thing was the Health Registry used at the State level which is not really adaptable for local use. With the support of Morrow Co. CSEPP, and State DHS, the PP Coord. developed an Exposure Roster Plan. This tool has universal applications following any type of an event impacting Public Health, assisting LHD’s to follow up as needed. This plan was selected for presentation at the National CSEPP Annual Conf. held in June 2011 in Portland, the Annual Oregon State Preparedness Conf. in October 2011 and also at the Annual Oregon Public Health Association Conf in October 2011. MCHD continues to collaborate with the CSEPP program which will be coming to a close at the end of FY 2012. At that time the Morrow County undersheriff will resume Emergency Management responsibilities for the county.

ENVIRONMENTAL HEALTH

Environmental Health services are Sub-Contracted with Umatilla Co. 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 with assistance as needed from Umatilla County. Morrow County contracts with Umatilla County for 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, contamination of water sources due to flooding and 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 2009 reveals a total of 15 deaths caused by unintentional injury. The causes of these deaths were: Motor Vehicle – 6; Falls – 3; Poison (Drugs) – 1; Drowning – 2; Water Transport – 1; Fire – 1; and Other - 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 four Certified Safety Seat Technicians on staff providing education regarding seatbelt and restraint usage for all. Child seat inspections and installations are provided free of charge. If a carseat 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 thirteen years and has not posed any problems for Morrow County residents. The Umatilla Army Depot has succeeded in disposing of all the chemicals previously stored on site. There is a land reuse management group currently working on a plan for future use of the Army Depot site. Other related issues include the

location of Hanford, to the north (across the Columbia River in Washington State), private sewer systems, and agricultural/farming issues including local dairy operations.

LOW BIRTH WEIGHT

This continues to be an indicator that appears to be closely related to the lack of Prenatal care. There are no prenatal care providers located within Morrow County, so residents are forced to obtain care elsewhere (usually Umatilla County). This may be especially difficult if transportation or income is of concern. The Perinatal Trends Live Births and Infant Mortality Oregon Residents has data available for 2000 – 2009. The birth rates for Morrow County are small in number, so a variance of only a few births can greatly affect the percentage listed. For the sake of comparison, the rates (with actual number) are shown below with the State rate for the most recent 4 years:

Low Birthweight (< 2500 grams)

2006 Morrow = 96.8 (15)/Oregon = 61.0;
2007 Morrow = 42.9 (7)/Oregon = 61.0;
2008 Morrow = 37.7 (6)/Oregon = 60.7; and
2009 Morrow = 74.1 (12)/Oregon = 63.0.

Compare this with the Oregon EPHT Reproductive Health and Birth Out-comes data for 2000 – 2006. The Very Low Birthweight data mirrors the percentage and counts for the Very Premature (<32 wks Gest.) data (see the premature assessment).

Very Low Birthweight (< 1500 grams)

2003 Morrow = 0.5%/Count = 1;
2004 Morrow = 1.7%/Count = 3;
2005 Morrow = 1.9%/Count = 3; and
2006 Morrow = 2.0%/Count = 3.

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

Table II Age-Adjusted and Unadjusted Prevalence of Modifiable Risk Factors among Adults, by County, Oregon 2006 – 2009. The data for Morrow County is contrasted with the state statistics below.

The % of adults classified as overweight – 29.9%, (OR = 36.1%);

The % of adults classified as obese – 36%, (OR = 24.5%);

The % of adults who met CDC recom. of phys act – 52.3%, (OR = 55.8%);

PHYSICAL ACTIVITY, DIET AND OBESITY

Statistics for adults classified as overweight, obese and the CDC recommendations for physical activity are noted below. However, dietary practices were not listed as the data was Statistically Unreliable for Morrow County.

Adults, 2006 – 2009:

The % of adults classified as overweight – 29.9%, (OR = 36.1%);

The % of adults classified as obese – 36%, (OR = 24.5%);

The % of adults who met CDC recom. of phys act – 52.3%, (OR = 55.8%);

Morrow County residents had a higher percent of obesity and a corresponding lower percent of those meeting the CDC recommendation for Physical activity.

The age-adjusted weight contrasted with Physical Activity and the comparison to State rates for 8th and 11th graders including dietary significance (2005 – 2006) are listed below.

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 at least 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 % eating at least 5 serv of Fruits/Veg per day – 23.4%, (OR = 24.1%).

Education and information regarding weight management, nutrition and physical activity are provided per MCHD in programs such as Family Planning, home visiting and as requested. and/or needed. As mentioned previously in the Chronic Disease assessment, MCHD has continued to be actively involved with MCCHIP. In an effort to improve the health status of area residents, MCCHIP is sponsoring “The Biggest Winner” contest, a 12 week weight reduction and management program coupled with health education, starting January 9th, 2012.

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 is located further south. Boardman and Irrigon are the largest of the cities located in the northern portion, accounting for approx. 42% of the total county population. This is a rural county with much of the population (approx. 42%) residing outside incorporated cities. The population has demonstrated a 4.9% increase from 2000 – 2009. The population Gender 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 (Hisp = 49.7% vs Non-Hisp = 50.3%). The percent of Hispanic school students on the north end of the county is >50%. Other racial/ethnic minorities are represented in small numbers. Morrow County has experienced an influx of immigrants in the past 2 yrs (many of which are political refugees) through the International Rescue Committee (IRC) of Boise, Idaho. There is a variance in socio-economic status noted 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 also reflected in the 2007 Community Action Agency statistic; students eligible for Free/Reduced lunches = 65%.

PREMATURE BIRTH

The most recent info regarding Premature Birth data is the Oregon EPHT Reproductive Health and Birth Outcomes. This resource provides data for 2000 – 2006. I am listing four yrs of percentage contrasted with the actual number for comparison.

Preterm (< 37 wks Gest.)

2003 Morrow = 11.0%/Count = 20;

2004 Morrow = 8.0%/Count = 14;

2005 Morrow = 12.3%/Count = 19; and

2006 Morrow = 11.8%/Count = 18.

Very Preterm (< 32 wks Gest.)

2003 Morrow = 0.5%/Count = 1;

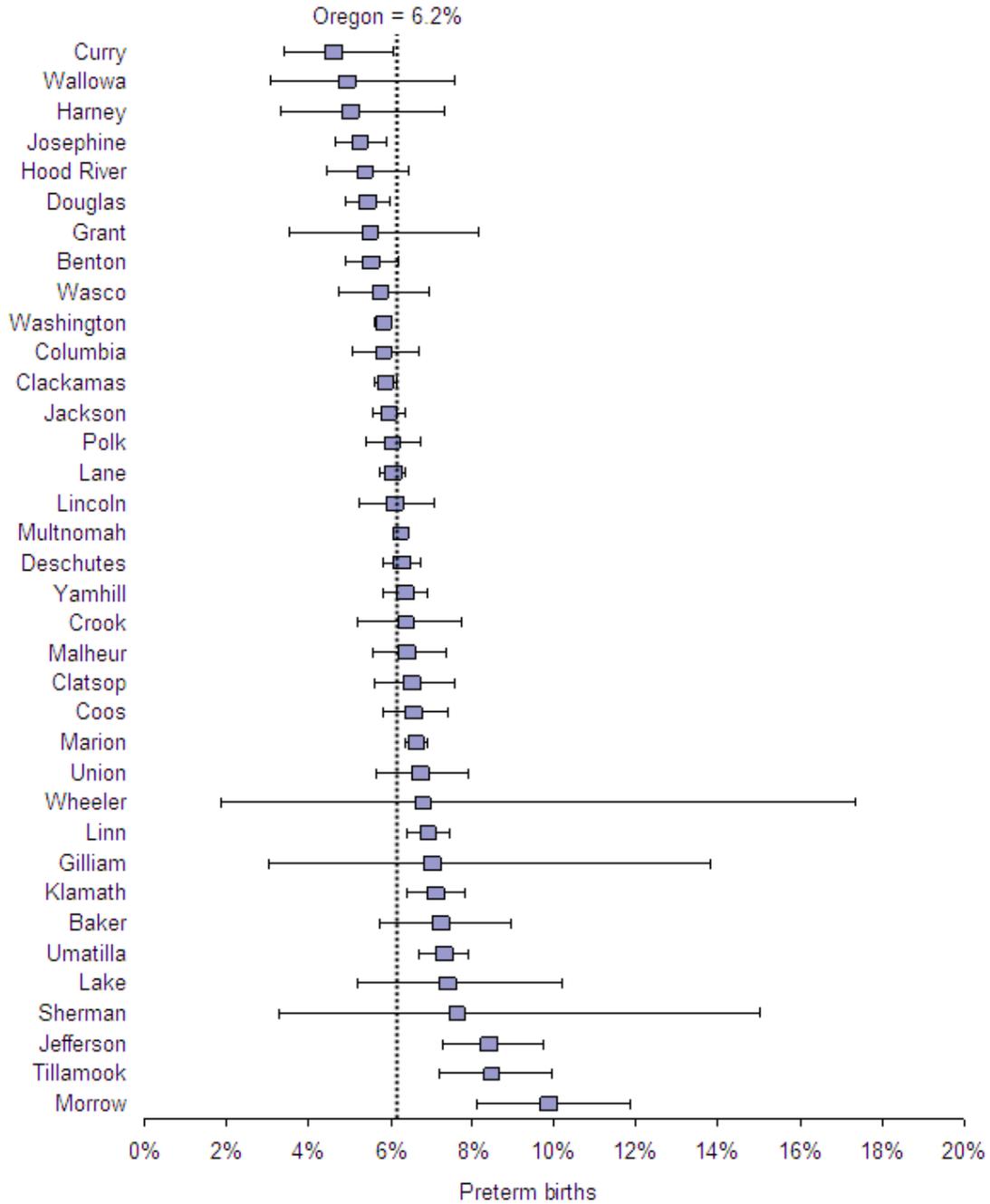
2004 Morrow = 1.7%/Count = 3;

2005 Morrow = 1.9%/Count = 3; and

2006 Morrow = 2.0%/Count = 3.

The graph provided below, taken from the Oregon EPHT Reproductive Health and Birth Outcomes 2000 – 2006 data is most alarming. Note Morrow County’s placement at the bottom of the graph.

Graph 1: Percentage of live singleton births to resident Oregon mothers that were preterm (less than 37 weeks gestation) by county, summarized for 2000-2006.



PRENATAL CARE

Morrow County has one hospital located within the county which does not offer delivery services (other than emergency). Additionally, there are no prenatal care providers located within Morrow County, so residents are forced to obtain care elsewhere (usually Umatilla County). This may be coupled with other risk factors such as transportation or income further impacting acquisition of care. Obviously this affects the ability of residents to access adequate prenatal care as reflected in the Oregon benchmark. Morrow County continues to rank 35th in the state for this particular benchmark. 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 (see comparison with State below).

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 continues to be a concern for Morrow County. There are no prenatal care providers located within Morrow County, so residents are forced to obtain care elsewhere (usually Umatilla County). This may be coupled with other risk factors such as transportation or income further impacting acquisition of care. The Perinatal Trends Live Births and Infant Mortality Oregon Residents has data available for 2000 – 2009. The birth rates for Morrow County are small in number, so a variance of only a few births can greatly affect the percentage listed. For the sake of comparison, the percent (with actual number) are shown below with the State percent for the last 4 years:

Inadequate Prenatal Care

2006 Morrow = 13.6% (21)/Oregon = 6.2%;

2007 Morrow = 9.9% (18)/Oregon = 6.4%;

2008 Morrow = 12.7% (20)/Oregon = 7.0%; and

2009 Morrow = 12.3% (20)/Oregon = 6.2%.

2010 - Morrow = 10.6%/Oregon = 5.3% (2010 data is per Oregon Vital Statistics Annual Report)

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. The first 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. MCHD was able to implement the CAWEM + (expansion) program as anticipated at the time of the last Annual Review, starting July 1st, 2011.

The FQHC in Boardman (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 offer 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. MCHD was one of the founding members and continues to be involved in the MCCCHIP, which is a partnership between health care providers and communities of Morrow County to develop ways to improve local health care systems and the health status of area residents.

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). However, when working with smaller populations, 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 the 2007 Oregon Vital Statistics County Data 2007. The data below is listed by age, rate, and actual number compared with the State rate for this same age group (unless otherwise specified).

Pregnancy Rates of Teens by County of Residence (Morrow)

2007 < 15 yrs = this rate is for 10 – 17 yrs 10.1 (0) / Oregon = 10.1

2007 15 - 17 yrs = 26.7 (8) / Oregon = 25.7

2007 18 - 19 yrs = 132.8 (17) / Oregon = 86.8; and

2007 15 - 19 yrs = 58.4 (25) / Oregon = 50.1.

Title X Family Planning Agency Data (County Specific) FY 2010 reports:

Pregnancies averted = 46;

Teen clients as percent of total clients = 20%; and

Proportion of visits which new clients received equally or more effective method = 34%.

In 2007, there were a total of 5 abortions performed on Morrow County residents (ages were not identified due to the small number).

TOBACCO USE

The Morrow County Tobacco Fact Sheet 2011 provided by Oregon TPEP included a wealth of information that can also be used for educating the public. Currently 1,645 adults (a decrease from 2,040 in 2009), in Morrow County regularly smoke cigarettes, 28% of all deaths are attributable to tobacco use and over \$4,000,000 are spent on medical care for tobacco related illnesses each year. Current adult tobacco use in Morrow County is 18% compared with a state rate of 17%. Cigarette smoking of 8th graders is 10%, compared with the state at 9% and 11th graders is 18% compared with the state rate of 16%. However, it is the use of smokeless tobacco that continues to be of special concern. Smokeless tobacco seems to be primarily (although not exclusively) gender specific, so the statistics reflect the use of males: 8th grade = 11% vs the state at 5%; and 11th grade use is 11% (reported as 21% in 2009) vs a state rate of 14%. The Adult population is more than three times that of the state; Morrow County = 20% compared with a State rate of 6%. 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 2009 identifies the rate of tobacco linked deaths for Morrow County at 40.2% compared with a state rate of 22.3%.

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 was able 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. As an insight into this issue, the pregnancy rates for teens in addition to Family Planning and Pregnancy Termination statistics are cited below.

Pregnancy Rates of Teens by County of Residence (Morrow)

2007 < 15 yrs = this rate is for 10 – 17 yrs 10.1 (0) / Oregon = 10.1

2007 15 - 17 yrs = 26.7 (8) / Oregon = 25.7

2007 18 - 19 yrs = 132.8 (17) / Oregon = 86.8; and

2007 15 - 19 yrs = 58.4 (25) / Oregon = 50.1.

Title X Family Planning Agency Data (County Specific) FY 2010 reports:

Pregnancies averted = 46;

Teen clients as percent of total clients = 20%; and

Proportion of visits which new clients received equally or more effective method = 34%.

In 2007, there were a total of 5 abortions performed on Morrow County residents (ages were not identified due to the small number).

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 as noted per the Oregon Healthy Teens risk survey of 2007-2008. Alcohol consumption in the past 30 days is 31.7% vs Illicit drug use at 12.3% for 8th graders and 53.5% (alcohol) vs 22.4% (Illicit drugs) for 11th graders. Morrow County's ranking per the 2007 Benchmark data for 8th grade alcohol use is 17th in the state, and drug use for this same age group is 11th. 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. 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 (in the past), to support Alcohol and Drug free graduation celebrations.

Section II: 2.A – Adequacy of the Local Public Health Services

Epidemiology and Control of Preventable Diseases and Disorders

Morrow County provides all of the required communicable disease activities.

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.

Emergency Preparedness

MCHD has a 24/7/52 emergency coverage pager system in place with call responsibilities shared by three staff persons. MCHD contracts for a full time Public Health Preparedness Coordinator. She is actively involved with the Public Health Dept. providing trainings, exercise opportunities and is involved as needed and available for CD/Emergency situations. The PP Coordinator continuously writes and revises emergency preparedness plans as needed and as required by the State Emergency Preparedness program. MCHD continues to collaborate with the CSEPP program which will be coming to a close at the end of FY 2012. At that time the Morrow County undersheriff will resume Emergency Management responsibilities for the county.

Parent and Child Health Services, Including Family Planning Clinics As Described In ORS 435.205

Morrow County offers family planning services, immunizations, maternity case management, Babies First, CaCoon and Healthy Start throughout the county. The WIC program is administered through the Umatilla-Morrow HeadStart/WIC and there is an inter-agency collaborative agreement in place.

Section II: 3.A - Extent to which Morrow County Health Department assures provides the five basic services contained in statute (ORS 431.416) and rule.

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.

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. The PP Coordinator continuously writes and revises emergency preparedness plans as needed and as required by the State Emergency Preparedness program. MCHD continues to collaborate with the CSEPP program having participated in all of the CSEPP Exercises. Collaboration among agencies such as Law Enforcement, Fire/EMS, Red Cross, Behavioral Health, etc., has been a priority. All of the chemical agents stored on the Umatilla Army Depot have been eliminated and the CSEPP program will be coming to a close at the end of FY 2012.

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.

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. Although MCHD no longer receives any State DHS program funds to provide this service, TB case management is continued as an important part of CD management activities. All

MCHD staff involved in the CD program, follow the county protocol in caring for clients presenting with any TB issues or concerns. If MCHD has any questions or concerns, State TB staff are utilized for consultation.

Tobacco Prevention, Education, and Control:

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 four 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.

The FY 13 plan will be completed and submitted to the State TPEP program County Liaison following its receipt.

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

WIC

MCHD is not the provider of WIC services in Morrow County. WIC services are administered through Umatilla Morrow Head Start/WIC. MCHD has a strong working relationship with WIC staff and the program utilizes the Public Health office in Boardman and Heppner to serve Morrow County clients. An Interagency Collaboration Agreement is currently in place between the two agencies.

Immunizations

MCHD provides immunization through the VFC program for children in addition to vaccinations offered to adults. Clinics are provided two days per week in the Boardman office and one day per week in Heppner on Thursday. Clients are served on a walk-in, first come first served basis but also have the option of scheduling same day appointment. MCHD also has a very active Influenza vaccination program, utilizing VFC, Pool and locally purchased vaccines each year. Influenza clinics are provided at each of the three Senior Center mealsites, at evening clinics in Heppner, Boardman and Ione and at every regularly scheduled clinic until supplies are exhausted or the Influenza season is past.

The format for the Immunization program was changed this year to a Checklist. The Local Public Health Authority Immunization Annual Plan Checklist (July 2012 – June 2013) was completed and submitted via email to the Oregon VFC program 12/15/11.

MCH Programs

Overview of home visiting programs offered per MCHD:

MCHD offers Maternity Case Management (MCM), Babies First, and CaCoon home visits provided by a nurse and the Healthy Start/Healthy Families of America program utilizing Lay Health Promoters. See below for a more detailed description of these home visiting services.

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 in Morrow County. As mentioned above, MCM home visiting services are also offered.

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.

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. The first 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. MCHD was able to implement the CAWEM + (expansion) program as anticipated at the time of the last Annual Review, starting July 1st, 2011.

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 currently has a Community Health Nurse at 1.0 FTE with job responsibilities primarily within the MCH home visiting programs and very 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.

Morrow County has also been awarded a grant in collaboration with Umatilla County to implement the Nurse Family Partnership (NFP) program. The full time nurse that is currently employed with MCHD will be designated NFP at 0.5 FTE. The NFP supervisor

has already been hired by Umatilla County with advertisements for Nursing duties at 1.5 FTE to begin. The NFP training and implementation will take place (tentatively Summer 2012) once these positions are filled. In this way, MCHD can integrate the NFP program with other home visiting programs offered to best serve Morrow County clients.

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.

MCHD offers education to promote infant and child 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 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 and offered supports as needed to provide health education to students.

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) 2010 report:

Total number of Clients served = 259

Proportion of Women in Need (WIN) served = 31.4%

Pregnancies averted = 46;

Teen clients as percent of total clients = 20%; and

Teen Pregnancy Rate (per 1000 females aged 15 – 17) = 26.7

The Family Planning FY 13 Annual Plan is completed as a part of the Section III. Action Plan and will be submitted to Oregon DHS per Judith Andreasen when this plan is submitted to State DHS (Tom Engle).

Morrow County Public Health 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. Collection and Reporting of Health Statistics

All Vital Statistics are maintained at the County Clerk office located in the County Courthouse. There are no delivering facilities within Morrow County and only an occasional home birth. All requirements related to Vital Statistics are met through that office.

d. Health Information and Referral Services

MCHD has created pamphlets for the public regarding programs administered and services offered. The County also has a website for the public listing services. Additionally, pamphlets and other educational materials are available to the public on a variety of subjects. Most of the materials are available in Spanish in addition to English due to the large Hispanic population present in the county. Public health, works collaboratively with multiple community agencies and referrals are made as needed.

e. Environmental Health Services

Environmental Health services are Sub-Contracted with Umatilla Co. Health Department.

Section II: 4.A Description of Adequacy of Other Services of Import to Community.

Dental

Many children do not have appropriate dental care, which results in poor oral hygiene and an increase in dental caries. Public Health also provides dental health education through the home visiting programs. Toothbrushes are provided as a reward following immunization, in an effort to promote oral health. 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 County. CRCHS offers services per a Dental van that comes to the clinic approximately once a month

Health Education and Health Promotion

MCHD has health education available on a variety of subjects. The promotion of improved health status for everyone is one of the goals for MCHD which is shared by MCCHIP. MCHD is one of the founding members of MCCHIP and is very actively involved with the current Biggest Winner contest which began January 9th, 2012. This is a 12 week program which provides supports for participants to achieve a healthy weight loss while participating in wellness education to establish lifelong healthy behaviors.

Laboratory Services

The health department lab is licensed by CLIA as a waived laboratory. The laboratory services provided outside MCHD capacity or licensure are primarily performed by Cyto Check Laboratories and the OSPHL. Cyto is used for tests that are not covered or provided by the state. Cyto also has an electronic reporting system for quick access to laboratory results.

Medical Examiner

The Medical Examiner (ME) position for Morrow County is staffed by a Deputy ME under the supervision of the Oregon State ME and is housed within the Morrow County District Attorney Department.

Nutrition

All clients seen in the Family Planning clinic are counseled about nutrition and BMI's are obtained. Discussions include an emphasis on health activities, lifestyle and nutritional choices. Clients served by the nurse in the home visiting programs are counseled regarding nutrition, nutritional education provided and assessments are performed. Pamphlets and educational materials are also available to the public.

Older Adult Health

MCHD has pamphlets and brochures available to the public on a variety of subjects. In addition, health information and referral are provided as needed. MCHD also offers Blood Pressure checks for free at all regular clinics. In addition to the "typical" Immunizations, MCHD also offers Seasonal Influenza, and Pneumococcal vaccines.

Section III - Action Plan

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.

a. Current condition or problem:

MCHD employs a full time staff member with 0.5 FTE a dedicated 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 per Investigative Guidelines.

b. Goal:

1. Initiate disease investigation per OHA investigative guidelines upon receiving notification of a communicable disease.
2. Complete and submit disease investigations per OHA Investigative guidelines.
3. Collaborate more closely with Umatilla County regarding shared CD cases.
4. Continue 24/7/52 emergency response system for PH emergencies.

c. Activities:

1. CD Coordinator will review submitted reports daily to initiate investigations within the OHA timeline requirements.
2. Reports to be entered into the Orpheus system within 24 hours of initiating CD investigation.
3. Obtain an agreement for bi-county access for shared CD cases per ORPHEUS.
4. Continue to utilize the S.O. emergency dispatch system for after hours notification, continue to utilize pager system and have after hour emergency contact information on PH phone messaging.

d. Evaluation:

1. Review the timeliness of initiation of CD investigations.
2. Review the timeliness of entry of CD investigation data into ORPHEUS.

3. Evaluate if an agreement is in place between Morrow and Umatilla counties for the shared use of ORPHEUS data.
4. Quarterly testing of the emergency pager system to have a 90% or greater response time within 30 minutes.

Tuberculosis Case Management:

MCHD has TB protocols in place 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 the LHD has any questions or concerns, State TB staff are consulted.

a.Current condition or problem:

MCHD employs a full time staff member with 0.5 FTE as CD Coordinator. Staff Nurses also provide additional supports to the CD program including case investigation, case management and follow up as needed.

b.Goal:

1. MCHD will appropriately manage all clients with known Tuberculosis infection or disease exposure as per OHA program guidelines.

c.Activities:

1. Maintain and update TB protocols as needed to meet OHA TB guidelines.
2. All active cases of TB will have prompt initiation of case investigation, treated, monitored appropriately and reported as per OHA guidelines.
3. Contacts of active TB clients will be assessed and evaluated for follow up and treatment as needed.
4. Clients with LTBI will be evaluated for risk factors and determine the need for Chemoprophylaxis.

d.Evaluation:

1. Review TB and LTBI cases regarding the initiation of investigation and adherence to OHA reporting guidelines.
2. Review client charts for initiation of investigation and treatment/case management of all active TB clients per OHA guidelines.
3. Review client charts to evaluate for appropriate assessment possible treatment and case management of clients that were contacts of active TB cases.
4. Review client charts to determine the appropriate treatment and case management of LTBI clients.

Tobacco Prevention, Education, and Control:

Morrow County currently employs a fulltime staff person that shares job duties between the TPEP program (0.5 FTE) and Communicable Disease (0.5 FTE).

The FY 13 plan will be completed and submitted to the State TPEP program County Liaison following its receipt.

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

WIC:

MCHD is not the provider of WIC services in Morrow County. WIC services are administered through Umatilla Morrow Head Start/WIC. MCHD has a strong working relationship with WIC staff and the program utilizes the Public Health office in Boardman and Heppner to serve Morrow County clients. An Interagency Collaboration Agreement is currently in place between the two agencies.

Immunizations:

MCHD provides immunization through the VFC program for children in addition to vaccinations offered to adults. Clinics are provided two days per week in the Boardman office and one day per week in Heppner on Thursday. Clients are served on a walk-in, first come first served basis but also have the option of scheduling same day appointment. MCHD also has a very active Influenza vaccination program, utilizing VFC, Pool and locally purchased vaccines each year.

The format for the Immunization program was changed this year to a Checklist. The Local Public Health Authority Immunization Annual Plan Checklist (July 2012 – June 2013) was completed and submitted via email to the Oregon VFC program 12/15/11.

4th DTaP rate

a.Current condition or problem:

4th DTaP rate is 73% Per 2011 Morrow County AFIX report. The State Immunization performance measure is for the 4th DTaP rate of >90% or improve the prior years rate by 1% or more by next year.

b.Goal:

Target Goal for FY 2013 is for the 4th DTaP rate to be at 74% or more.

c.Activities:

1. Use Alert IIS to screen the client at each visit
2. Enter all vaccines into Alert IIS within 14 days
3. Give all immunizations due (unless contraindicated or parent refuses)
4. provide a reminder sticker for date next vaccines are due.

d.Evaluation:

4th DTaP rate to be improved at 74% or more as evidenced per the 2012 AFIX report.

Missed Shot rate

a.Current condition or problem:

Morrow County Missed Shot rate Per 2011 AFIX report is 12%. The State Immunization performance measure for Missed Shot rate is < 10%; or reduce prior years rate by 1% or more.

b.Goal:

Target Goal of MCHD for FY 2013 Missed Shot rate is 11% or less.

c.Activities:

1. Use Alert IIS to screen the client at each visit
2. Enter all vaccines into Alert IIS within 14 days
3. Give all immunizations due (unless contraindicated or parent refuses).

d.Evaluation:

Morrow County Missed Shot rate Per 2012 AFIX report will be 11% or less.

Vaccine Administration Data Entry

a.Current condition or problem:

Per 2011 LHD Performance Measures, MCHD currently enters 49% of vaccine administration data into ALERT IIS within 14 days (the MCHD rate of data entry the previous year was 92%).The State Immunization per-formance measure for vaccine administration data entry within 14 days is > 80%.

b.Goal:

MCHD will enter > 80% of vaccine administration data into ALERT IIS within 14 days of administration.

c.Activities:

1. Staff at both the Heppner and Boardman offices will enter vaccines at the clinic the immunization was received (if time does not allow staff to complete the activity), the VAR will be entered by Immunization staff in the Primary LHD site at Heppner.

d.Evaluation:

MCHD will enters > 80% of vaccine administration data into ALERT IIS within 14 days of administration per 2012 AFIX report.

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.

Morrow County has also been awarded a grant in collaboration with Umatilla County to implement the Nurse Family Partnership (NFP) program. The full time nurse that is currently employed with MCHD will be designated NFP at 0.5 FTE. The NFP supervisor has already been hired by Umatilla County with advertisement for Nursing duties at 1.5 FTE to begin. The NFP training and implementation will take place (tentatively Summer 2012) once these positions are filled. In this way, MCHD can integrate the NFP program with other home visiting programs offered to best serve Morrow County clients.

a.Current condition or problem:

A State RFP application has been awarded for the expansion of the NFP home visiting program, jointly to Umatilla and Morrow County. The NFP program will be implemented tentatively by Summer 2012 and will be integrated with the MCM, Babies First, CaCoon and Healthy Start home visiting services.

b.Goal:

Home visiting services will be assessed for appropriateness regarding every referral received, based on the family's need.

c.Activities:

1. The nurse currently providing the MCM, Babies First and CaCoon programs will be trained in NFP.
2. Every referral to MCHD will be reviewed by the NFP nurse and the Healthy Start (HS) Program Supervisor for appropriate assignment.

d.Evaluation:

1. The NFP program will be implemented as planned, by September 2012.
2. The progress of families (appropriateness of program placement) and current case loads of the nurse and home visitors will be reviewed in supervision.

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. 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 entry into prenatal care. MCHD has recently been awarded CAWEM + services through OHP which began 07/01/12. See the statistics pasted in below regarding Current Vital Statistics for these perimeters.

a.Current condition or problem:

Morrow has a low incidence of Early Prenatal Care and a high incidence of inadequate care.

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%;

b.Goal:

1. The MCHD goal is that more than 60% of pregnant women will begin Prenatal Care within the first trimester. Although this percentage has been achieved in the past, current statistics are much lower.
2. Less than 8% of pregnant women will receive inadequate prenatal care.

c.Activities:

1. Continue the OMC program to refer clients for prenatal care at the first encounter with Public Health.
2. Educate clients regarding the availability of the CAWEM and refer to DHS to submit an application for the program.

d.Evaluation:

1. The percentage of Morrow County pregnant women initiating prenatal care within the first trimester.
2. The percentage of Morrow County pregnant women who receive inadequate prenatal care.

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 FY 13 Annual Plan was submitted to Judith Andreasen on 01/15/12 at the same time the LPHA FY 2013 plan was submitted to State DHS for review.

a.Current condition or problem:

Title X Family Planning Agency Data (County Specific) 2010 report:

Total number of Clients served = 259

Proportion of Women in Need (WIN) served = 31.4%

Pregnancies averted = 46;

Teen clients as percent of total clients = 20%; and

Teen Pregnancy Rate (per 1000 females aged 15 – 17) = 26.7

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 management.
2. Continued medical advancements require ongoing staff education of a variety of health subjects related to Family Planning,
3. The percentage of identified underserved clientele (teens and males) accessing services continues to be low as per State of Oregon FP Facts 2010
 - i. Teens = 20% / State Avg. = 24%
 - ii. Males = 0.3% / State Avg. = 3%
 - iii. Refugee Clients accessing FP services #2 clients total.

b.Goal:

1. Provide high cost longterm BCM's
 - i. Funds allocated will be increased slightly (to approx. \$1,916), to cont. to provide high cost longterm BCM's (and increasing the number of Implanon available).
 - ii. These methods will be offered on first come/served basis to begin 07/01/12.
2. Continue to increase staff knowledge and competency by encouraging attendance at medical/health related training in FY 2013.
3. Increase the number of underseved clientele accessing FP services.
 - i. Increase percentage of Teens accessing FP services.
 - ii. Continue attempts to make the clinic more "Male friendly".
 - iii. Increase the number of refugee clients accessing services by creating and maintaining a supportive & friendly environment.

c.Activities:

1. Longterm, high cost BCM's.
 - i. Offer high cost longterm BCM's: Paraguard IUD, Mirena IUS, and Implanon.
 - ii. Maintain a list of the available number of each BCM will be maintained confidentially to document usage/need.
2. Promote and support staff attendance at medically related trainings, review trainings available at each staffing to evaluate appropriate attendees and provide a time for Staff attending to share newly acquired knowledge with other staff members.
3. Activities to increase the number of underserved clientele accessing FP services.
 - i. Continue to offer options to increase clinic availability "outside" of usual school hours, continue communications with the Schools to support MCHD services, and challenge students to decrease teen pregnancy rate.

- ii. Utilize newly created Male History and Exam form in the clinic and continue to explore grant requirements for Vasectomy project (and discussing option with clients to assess need).
- iii. Utilize the Tele-Language line for communication, continue to provide other PH services and offer FP as appropriate, continue to provide advocacy and assistance for DHS and other services as needed and Edc re: FP services offered.

d.Evaluation:

1. The total number of units requested and/or utilized will again be evaluated at the end of the fiscal year for responsiveness to the identified need. Annual usage will be assessed to determine if usage is appropriate to demand/need of clientele.
2. Review the number of trainings staff attended in FY 13 at year end and review content of trainings attended and provide time for sharing info with other staff as applicable.
3. Review the percentage of teen, male and refugee clients compared with the previous FY.

Family Planning Advisory Committee

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

1. Organizational Chart

The Morrow County Health Department Organizational chart is included as an attachment.

2. Board of Health

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.

3. Public Health Advisory Board

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.

4. Triennial Review Compliance Findings

Morrow County Public Health does not have any outstanding Triennial review compliance findings. The next Triennial Review scheduled for Morrow County is May 2012.

5. Senate Bill 555

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. 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 with the decision of Morrow County to implement the OHP CAWEM+ program which began 07/01/11.

VI. Budget

Projected revenue budget information will be submitted later, as per Annual Plan requirements. The 2012 – 2013 budget will be formulated in the coming months and submitted to the Morrow County Budget Committee in April 2012. The County Board of Commissioners will review the proposed budget before a final approval is received.

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.
In-house and on-line Food Handler training is available.

49. Yes No ___ Training in first aid for choking is available for food service workers. **This training is available through other community agencies and Umatilla County Environmental Health.**
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. **Information for developing a safe water supply following contamination is available.**
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 No ___ WIC (Services provided per Umatilla-Morrow Head Start/WIC)
- b. Yes No ___ Family Planning
- c. Yes No ___ Parent and Child Health
- d. Yes No ___ Older Adult Health (**As appropriate**)
- e. Yes 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.

Local Public Health Authority (Signature)

Morrow County
County

01/15/12
Date

Terry Tallman, County Judge
Local Public Health Authority (Printed)

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 9 ½ 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 am also currently serving in the Secretary position for the OPHA 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. again this year (2012).

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).

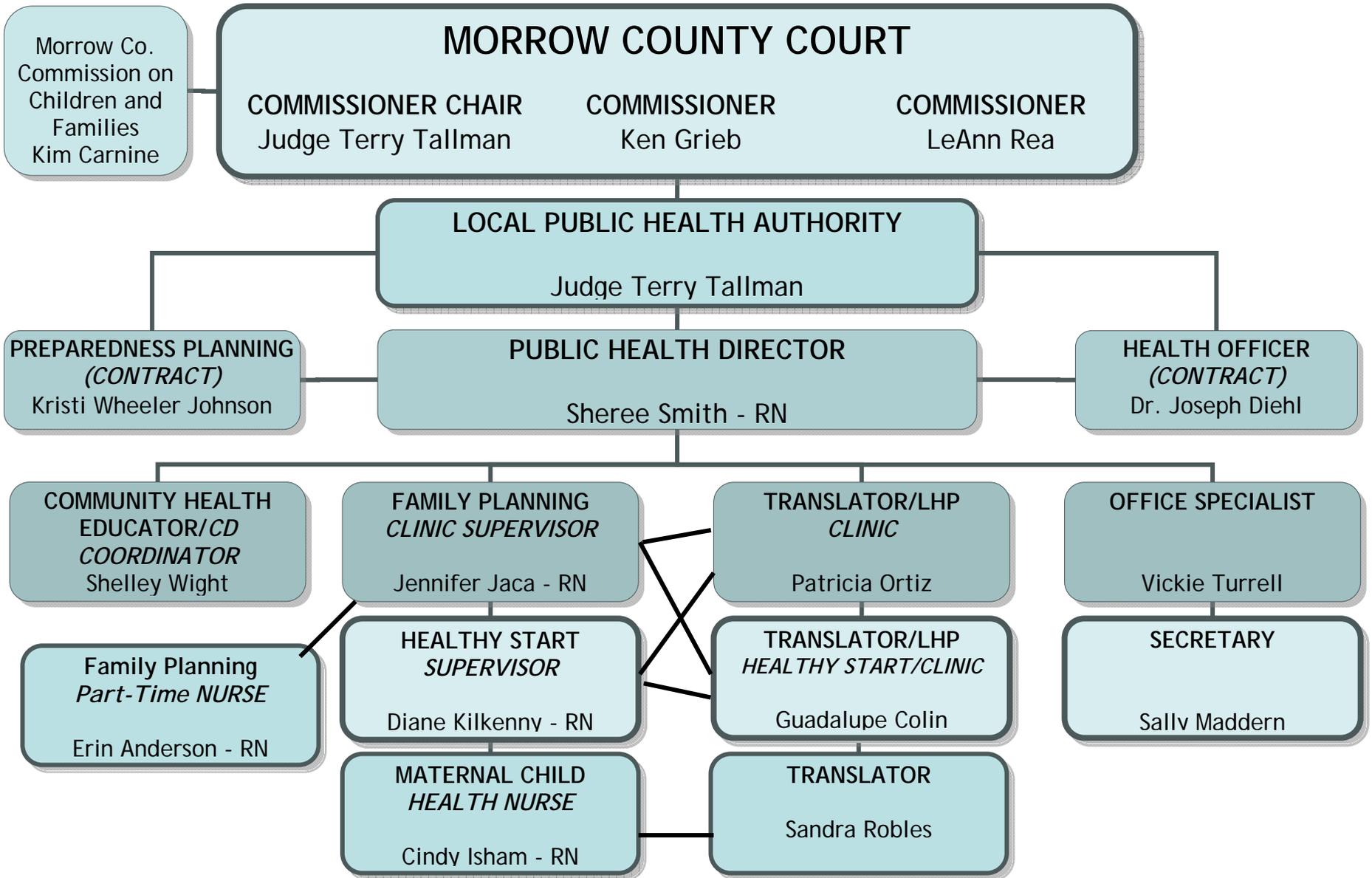
I have also identified a training that I believe would be a helpful review as it includes special sections targeted to supervisors and administrators:

- 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' 13

July 1, 2012 to June 30, 2013

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, including access to EC for current and future use.

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 management.	1. Funds allocated will be increased slightly (to approx. \$1,916), to cont. to provide high cost longterm BCM's (and increasing the number of Implanon to two for Title X eligible clients.	Paraguard IUD – 3 units <u>\$124 Each (#3 = \$372)</u> Mirena IUS – 3 units <u>\$298 Each (#3 = \$894)</u> Implanon – 2 units @ \$325 Ea (<u>\$650</u>) The # of IUD/IUS and/or Implanon units may be interchangeable (if overall cost is comparable).	<ul style="list-style-type: none"> Total number of units requested and/or utilized will again 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 07/01/12.	<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 subjects related to Family Planning.	1 .Continue to increase staff knowledge and competency by encouraging attendance at medical/health related training in FY 2013.	<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 13 at year end. Review number of staff participating in trainings for FY 13. Review trainings attended and provide time for sharing info with other staff as applicable.

Goal 2: Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon’s high priority and underserved populations and by partnering with other community-based health and social service providers.

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 State of Oregon FP Facts 2010 (most recent data avail)</p> <p><u>-Teens = 20%</u> State Avg. is 24%</p> <hr/> <p><u>-Males = #1 client / 0.3%</u> State Avg. is 3%</p> <hr/> <p>- Refugee Clients accessing FP services #2 clients total.</p>	<p>1. Increase percentage of Teens accessing FP services as per FY 2011 vs 2012 Data (depending on the availability of data at the time of the Annual Plan rewrite).</p> <hr/> <p>2. Continue attempts to make the clinic more “Male friendly” in an effort to increase the number of clients served.</p> <hr/> <p>Increase the number of refugee clients accessing services by creating and maintaining a supportive & friendly environment.</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 preg rate <hr/> <ul style="list-style-type: none"> • Utilize newly created Male History and Exam form in the clinic. • Continue to explore grant requirements for Vasectomy project and to discuss this option with clients to assess the need for clientele. <hr/> <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. • Educ this population RE: FP services offered. • Refer for other services as needed. 	<ul style="list-style-type: none"> • Review the percentage of teen clients and compare with the previous FY. <hr/> <ul style="list-style-type: none"> • Review the percentage of Male clients and compare with the previous FY. <hr/> <ul style="list-style-type: none"> • MCHD to “hand count” the total number of Refugees accessing service to compare with the previous FY.

Progress on Goals / Activities for FY 12

Goal 1: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

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.

Goal / Objective	Progress on Activities
<p><u>Goal #1</u> #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. *Obj. – funds to be utilized to purchase high cost BCM’s approx \$1,750.</p>	<p>The anticipated number of high cost BCM’s were identified in such a way (similar cost) that the number of each specific method could be interchangeable. Since July 1, 2011, MCHD has placed #1 Paraguard, #2 Mirenas and #1 Implanon. Since the one Implanon has already been utilized this year (demand seems to be a bit higher than anticipated), we plan increase the amount of funds to offer #2 Implanons in FY 13. Additionally the cost of Paraguard is less and the implanon and IUS are more than last year. *Note that this is representative of 6 mos only (not a full year)</p>
<p>#2 Continued medical advancements require ongoing staff education of a variety of health related subjects.</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 identified underserved clientele accessing services in Morrow County continues to be low as per FY Title X 2010 FP data. a. Teens* b. Males c. International Refugees *Per OHA FP Fact 2010 shows an increase in the Teen Population at 20%, Males cont. low at “1” client and the Refugee pop. is also low at “2” clients.</p>	<ul style="list-style-type: none"> • Clinic hours continued to be 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 have continued with the School District Superintendent and the advisory board 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. • A Male History and Exam form has been completed in FY 2012. • MCHD continues to assess the feasibility of administering Vasectomy services through the State.

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Morrow County Health Department

LHD staff completing this checklist: Sheree Smith

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

(Activity 1) All schools are encouraged to utilize the Alert IIS system as a school exclusion resource. As Alert IIS is a new resource for the schools, the Health Department will be available for site visit to each Morrow County School on an as needed basis and as a telephone resource.

(Activity 2) Parents education regarding Immunization Recommendations and Requirements: To be provided at each of the schools Open House in the Fall of 2012.

(Activity 3)

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
- a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 31 WIC for Morrow Co is provided through Umatilla - Morrow Head Start/WIC and there is an Interagency Collaboration Agreement in place between the two agencies.

Q. 44 4th DTaP rate of >90% or improve the prior years rate by 1% or more

Per 2011 Morrow County AFIX report the current rate is 73%

Target Goal for FY 2013 is 74% or more. Planned activities to meet this goal: Use Alert IIS to screen the client at each visit; enter all vaccines into Alert IIS within 14 days; give all immunizations due (unless contraindicated or parent refuses); and provide a reminder sticker for date next vaccines are due.

Q. 44 Missed Shot rate of < 10%; or reduce prior years rate by 1% or more

Per 2011 Morrow County AFIX report the current rate is 12%.

Target Goal for FY 2013 is 11% or less. Planned activities to meet this goal: Use Alert IIS to screen the client at each visit; enter all vaccines into Alert IIS within 14 days; and give all immunizations due (unless contraindicated or parent refuses).

Q. 44 Enters > 80% of vaccine administration data into ALERT IIS within 14 days of administration.

Per 2011 LHD Performance Measures the current rate is 49%

Target goal is 80% or higher.

Note that the rate of data entry the previous year was 92%. Factors affecting this performance rate during the measurement time frame include H1N1 vaccine season (LHD staff provided all immunizations directly through numerous local clinics including providing clinics twice to every school) and a immunization data person that suffered a sudden ACUTE MI resulting in 8 weeks away from work.

Goals to meet this activity include staff at both the Heppner and Boardman offices will enter vaccines at the clinic the immunization was received and if time does not allow staff to complete the activity, the VAR will be entered by Immunization staff in the Primary LHD site at Heppner.

Q.

Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us