

# Morrow County Public Health Department



Local Public Health Authority

## Annual Plan

2013 - 2014

Sheree Smith, Administrator  
Morrow County Public Health

# **Table of Contents**

## **Section I: Executive Summary**

## **Section II: Assessment**

- A. The assessment includes:
  - 1. Changes to the assessment from FY 2012 - 2013
  - 2. The adequacy of local Public Health services
  - 3. The extent to which the local health department assures the five basic services contained in statute (ORS 431.416) and rule.
    - a. Epidemiology and control of preventable diseases and disorders;
    - b. Parent and child health services, including family planning clinics as described in ORS 435.205;
    - c. Collection and reporting of health statistics;
    - d. Health information and referral services; and
    - e. Environmental health services.
  - 4. The adequacy of other services of import to your community:

## **Section III: Action Plan**

- A. Epidemiology and control of preventable diseases and disorders
- B. Parent and child health services, including family planning clinics as described in ORS 435.205
- C. Environmental health
- D. Health statistics
- E. Information and referral
- F. Public health preparedness
- G. Other issues

## **Section IV: Additional Requirements**

- A. Organizational Chart
- B. Description of the Board Of Health (BOH)
- C. Separate from the BOH, etc., is there a PH Advisory Board?
- D. Triennial Review findings

## **Section V: Unmet Needs**

## **Section VI: Budget**

## **Section VII: LHD Survey and Indicators**

## **VII. Minimum Standards Response**

## **Public Health Authority Signature Page**

## **Section I: Executive Summary**

Morrow County Health Department (MCHD) continues to provide all essential public health services including epidemiology and control of preventable diseases, immunizations for all ages, family planning, maternal child health programs and supports, health education information, child safety seat services, and referral as appropriate. Home visiting services include Maternity Case Management (MCM), Babies First, CaCoon and Healthy Start/Healthy Families of America. Morrow County began offering the Nurse Family Partnership (NFP) program collaboratively with Umatilla County through a federally funded grant. NFP training was received during 4<sup>th</sup> quarter of 2012 and client enrollment began in June. Other programs include Emergency Preparedness and Tobacco Prevention & Education. Environmental health services are contracted with Umatilla County. WIC is provided by the Umatilla-Morrow Head Start/WIC with an Interagency Collaboration Agreement in place between the two agencies. 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 the areas of greatest population). Flu vaccine is also offered at all regularly scheduled clinics throughout the Flu season and all are open to the public. Prenatal care continues to be a concern, with no prenatal providers 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 began offering CAWEM Plus services July 1<sup>st</sup>, 2011. It is still too early to fully appreciate the anticipated positive impact on birth outcomes and related health statistics. MCHD continues active participation in the Morrow County Community Health Improvement Partnership (MCCHIP). The MCCHIP has remained active, positively impacting the communities throughout the county, and continues to address needs and concerns identified through the community health assessment as a part of the three year implementation plan. One of the activities highlighted previously was the Biggest Winner program, a 12 week weight reduction/management program coupled with health education to improve the health status of participants. This program was duplicated last fall with an emphasis on community members actively participating in the coordination and implementation. The vision is long term sustainability of the Biggest Winner activity with community members taking the lead in the future. MCHD very recently completed a remodel project at the Boardman site, partially funded through a Wildhorse foundation grant. The remodel allowed for an expansion of capability with the addition of a third exam room and a separate room for the nurses with water access (for medication and/or education distribution and the collection of lab specimens) with an ADA bathroom within the immediate vicinity. This configuration increased client confidentiality as service delivery is further separated from the reception area, and a new file room provides an additional layer of security for locked files containing client charts. 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 members of the communities. MCHD also plans to pursue Accreditation in the future.

## **Section II**

### **A.1 - Assessment**

#### **AGING ISSUES**

Each of the three major communities (Heppner, Irrigon and Boardman) have active Senior Centers offering meals a minimum of one time per week and 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 at the mealsites, of volunteers from the community including members of area churches 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 within the Heppner senior meal site facility and also a 16 bed capacity 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.

#### **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, also including 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 Morrow, Gilliam Wheeler, Grant, Harney, and Lake county.

#### **BIRTH DEFECTS**

It is difficult to extrapolate this information from the data tables as our county due to the 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 is 181.6 compared to the State rate of 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 continues to actively participate in the local MCCHIP. The primary goal of MCCHIP is to develop ways to improve local health care systems and the health status of area residents. One of the activities highlighted previously was the Biggest Winner program, a 12 week weight reduction/management program coupled with health education to improve the health status of participants. This program was duplicated last fall with an emphasis on community members actively participating in the coordination and implementation. The vision is long term sustainability of the Biggest Winner activity with community members taking the lead in the future.

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, typically reflecting some type 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 County. 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. Appointments are scheduled through the FQHC and the average wait time is 2 – 3 months. MCHD provides education regarding Pregnancy care, for the prevention of baby bottle mouth decay, and toothbrushes are provided as a reward following immunization. One of the elementary schools is also participating in a pilot project offering dental services. As part of the program a dental van is coming to the school to provide varnish treatments and class time is devoted to oral health education and tooth brushing.

## **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 needing supports.

### **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 27<sup>th</sup> (“Pos” Trend), Unemployment at 24<sup>th</sup> (“Pos” Trend, but higher than the state avg.) and Poverty at 20<sup>th</sup> (“Neg” Trend). Domestic violence services continue to be offered on a part time basis in Boardman with a bilingual /bicultural support worker.

Another DV issue of concern is Bullying. Although not listed specifically as an issue on the last Comprehensive Plan survey tool, participants listed it as “other” enough times to take notice and community sources (schools, Juvenile Court) indicated a possible increase of incidents. The Morrow County School District addressed the issue through curriculum introduced into the school system.

### **ELEVATED BLOOD LEAD LEVELS**

Neither Public Health nor primary medical providers within the county offer blood lead level screening. The Umatilla Morrow HeadStart/WIC has 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 a result, both counties benefited greatly from the technology introduced and tech supports. Public Health enjoyed a supportive and collaborative relationship with Emergency Management, participating in all of the CSEPP Exercises. It was through this process that the MCHD Preparedness Planning (PP) Coordinator identified a significant problem regarding the lack of data collection to assist LHD in following up of clients after an event. With the support of Morrow Co. CSEPP, and State DHS, the PP Coord. developed an Exposure Roster Plan tool which has universal applications following any type of a PH event. The PP Coord had the honor of sharing the tool she developed, through presentations locally, regionally and also on a national level as the 2011 Annual CSEPP Conf was held here in Oregon. The CSEPP program came to a close 6/12 with the undersheriff resuming Emergency Management responsibilities for the county, and collaboration has continued with the Public Health Dept.

### **ENVIRONMENTAL HEALTH**

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

## **FOOD BORNE ILLNESS**

Food Borne Illness reported MCHD, investigated and follow-up is provided with assistance as needed from Umatilla County. Morrow County contracts with Umatilla County for Environmental Health services.

## **IMMUNIZATIONS**

MCHD is the primary provider of immunizations in Morrow County although Columbia River Community Health Services (CRCHS), contracted directly with the State as a VFC provider three years ago. MCHD enjoys a positive and supportive working relationship with CRCHS and the Morrow County Health District. 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. A primary area of focus is transportation safety for all ages. MCHD has four Certified Safety Seat Technicians on staff, providing education regarding seatbelt and age appropriate transportation restraint education. Child seat inspections and installations are provided free of charge. If a carseat or booster seat is 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 fourteen years and has not posed any problems for Morrow County residents. The Umatilla Army Depot successfully disposed of chemicals previously stored on site. A land reuse management group continues working on a plan for future use of the Army Depot site. Other related concerns 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). A primary concern is that many of the clients accessing our services are low income and may be ineligible for OHP due to legal status. Clients are referred 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 8<sup>th</sup> and 11<sup>th</sup> graders including dietary significance (2005 – 2006) are listed below.

### Modifiable Risk Factors among 11<sup>th</sup> 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 8<sup>th</sup> 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. One of the activities highlighted previously was the Biggest Winner program, a 12 week weight reduction/management program coupled with health education to improve the health status of participants. This program was duplicated last fall with an emphasis on community members actively participating in the coordination and implementation. The vision is long term sustainability of the Biggest Winner activity with community members taking the lead in the future.

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

The most recent population estimate for Morrow County (from the PSU Research Center, 2012) is 11,300. 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 few years (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 21<sup>st</sup> in the State for Per Capita Income, 23<sup>rd</sup> for Unemployment and 22<sup>nd</sup> 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.)

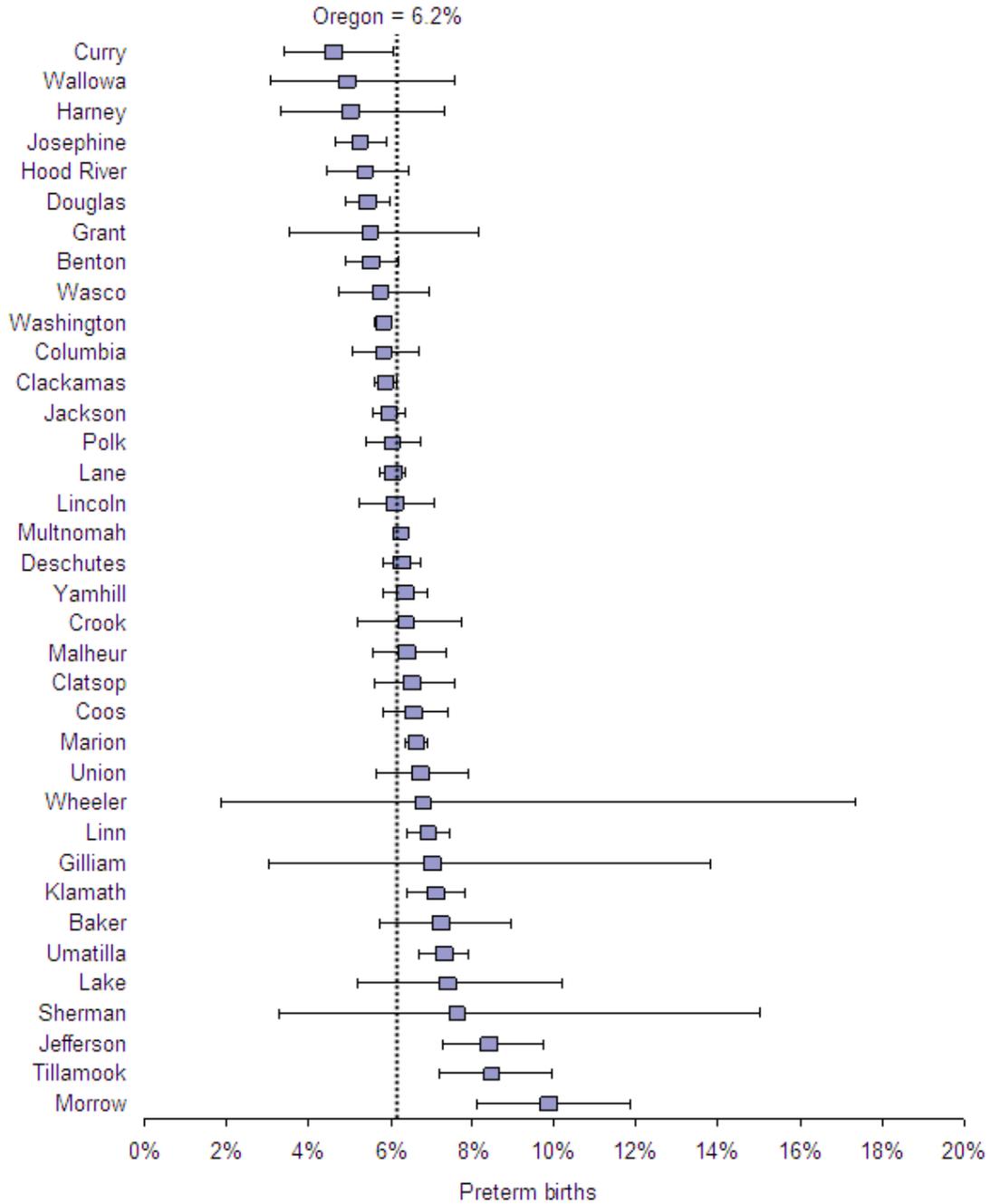
2003 Morrow = 11.0%/Count = 20;  
2004 Morrow = 8.0%/Count = 14;  
2005 Morrow = 12.3%/Count = 19; and  
2006 Morrow = 11.8%/Count = 18.

#### 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). As there are no prenatal care providers located within Morrow County, 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 35<sup>th</sup> 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 as noted above. 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 and participates in the Oregon Mother's Care (OMC) program to expedite the process of applying for the OHP. If possible, the first appointment is scheduled that same day, in an effort to improve early access to prenatal care. MCHD also works very closely with the WIC program. Although WIC is managed by a separate agency, WIC staff utilizes the Public Health office 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 an effort to improve Prenatal Care access, Morrow County implemented the CAWEM + (expansion) program July 1<sup>st</sup>, 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 provider preference 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 for 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 positive addition to the medical service delivery system in Morrow County and the Morrow County Health District provides annual financial supports. 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 also one of the founding members and continues to be involved in the MCCHIP, representative of a partnership between health care providers and the communities of Morrow County in an effort to improve health care delivery throughout the county, and the health status of area residents.

### **TEEN PREGNANCY**

The Oregon Progress Board most recent data for Teen Pregnancy currently ranks Morrow County at 26<sup>th</sup> 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 but the 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 to educate 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 8<sup>th</sup> graders is 10%, compared with the state at 9% and 11<sup>th</sup> 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: 8<sup>th</sup> grade = 11% vs the state at 5%; and 11<sup>th</sup> 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 continues to seek information and education in an effort to combat the smokeless tobacco usage rate but notes limited information on this specific topic. She was also able to attend the National Smokeless & Spit Tobacco Summit in Austin, Texas May 10 – 12<sup>th</sup>, 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 in Morrow County and 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 8<sup>th</sup> graders and 53.5% (alcohol) vs 22.4% (Illicit drugs) for 11<sup>th</sup> graders. Morrow County's ranking per the 2007 Benchmark data for 8<sup>th</sup> grade alcohol use is 17<sup>th</sup> in the state, and drug use for this same age group is 11<sup>th</sup>. 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.

## **Section II**

### **A.2 – 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 the TPEP allowing for fluidity between the two programs based on need. Other staff members 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 Planning 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 Emergency Management. The undersheriff resumed the Emergency Manager position following the close of CSEPP in June 2012.

## **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. Morrow County began offering the Nurse Family Partnership (NFP) program collaboratively with Umatilla County through a federally funded grant. NFP training was received and client enrollment began in June. The WIC program is administered through the Umatilla-Morrow HeadStart/WIC and there is an interagency collaborative agreement in place.

## **Section II**

### **A.3 - Extent to which Morrow County Health Department assures pro-vides 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 Planning 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 Emergency Management and other agencies as appropriate, such as Law Enforcement, Fire/EMS, Red Cross, Behavioral Health, etc. All of the chemical agents previously stored on the Umatilla Army Depot have been eliminated and the CSEPP program closed 06/12. 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 revised 04/12 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 five 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 14 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 a 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 Oregon VFC Annual Recertification for both of the Morrow County sites was completed 10/09/12.

## **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. Morrow County also began offering the Nurse Family Partnership (NFP) program collaboratively with Umatilla County through a federally funded grant. NFP training was received during 4<sup>th</sup> quarter of 2012 and client enrollment began in June. The Healthy Start/Healthy Families of America program is delivered using Lay Health Promoters with supervision and guidance provided by an RN. See below for a more detailed description of 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 Prenatal health care. The belief 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 offered and MCHD began providing the NFP program in June 2012.

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 35<sup>th</sup> 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. If possible, the first appointment for prenatal care is scheduled that same day, in an effort to improve early access to care. MCHD also works very closely with the WIC program. Although WIC is managed by a separate agency, WIC staff utilizes 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. Morrow County implemented the CAWEM + (expansion) program starting July 1<sup>st</sup>, 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 provider preference 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 within the MCH home visiting programs. MCHD offers Maternity Case Management

(MCM), Babies First, and CaCoon home visiting programs. Morrow County was also awarded a grant in collaboration with Umatilla County to implement the Nurse Family Partnership (NFP) program. This same full time home visit nurse has been designated as 0.5 NFP FTE and began enrolling NFP clients June 2012. This nurse also works collaboratively with the Healthy Start/Healthy Families of America program which is also housed within the public health department. In this way, the home visiting programs can be tailored to whatever program best meets the needs of the family and duplication of services can be avoided.

The Healthy Start program supervisor is a RN and has experience providing home visiting services within the MCM, Babies First and CaCoon programs. Should a concern arise relating to a Healthy Start client ie growth and development, she (or the other CHN) can provide a Babies First home visit to further assess the situation providing screening, follow-up and/or referral to other programs as appropriate.

MCHD offers education to promote 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 adequate and accurate health education. MCHD was actively involved, encouraging the District to adopt the My Future My Choice curriculum. Ultimately a Student Health Advisory Council was formed to address current and recommended sexual health curriculum. Ultimately the My Future My Choice curriculum was not chosen at this time. However, the School District has agreed to revisit this issue the next time that Curriculum is reviewed. MCHD has also offered supports, (including in person classroom training) and educational supports/materials to all of the county schools.

### **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. As mentioned previously, the Boardman office has been remodeled, allowing for expansion in capacity with the addition of another exam room.

**Title X Family Planning Agency Data (County Specific) 2011 report:**

Total number of Clients served = 319

Proportion of Women in Need (WIN) served = 39.0%

Pregnancies averted = 59;

Teen clients as percent of total clients = 19.7%; and

Teen Pregnancy Rate (per 1000 females aged 15 – 17) = 22.2

The Family Planning FY 14 Annual Plan has not yet been completed as Morrow County has not received the format or instructions for completion from the State FP program.

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**

### **A. 4 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 including referral for Pregnant clients and Baby Bottle mouth decay education and referral as needed. Toothbrushes are provided as a reward following immunization, and included in the OMC bag given to pregnant clients, 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 an improved health status for everyone is one of the goals for MCHD, shared by MCCHIP. MCHD is a founding members of MCCHIP and has been directly involved throughout the Biggest Winner activities encouraging participants to achieve (or maintain) a healthy weight while participating in wellness education to establish lifelong healthy behaviors.

#### **Laboratory Services**

The health department lab is licensed by CLIA with a CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES. Laboratory services provided outside MCHD capacity or licensure are primarily performed by Cyto Check Laboratories (Cyto) 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 (Morrow County Undersheriff) under the supervision of the Oregon State ME and is officially “housed” within the Morrow County District Attorney Department.

#### **Nutrition**

All clients seen in the Family Planning clinic are counseled regarding 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 also 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 and referral provided as appropriate. Blood Pressure checks are provide at no cost 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 (currently in the process).
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 when an agreement between Morrow and Umatilla counties for the shared use of ORPHEUS data is actually implemented.
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 and Revise TB Protocol on an Annual or as needed basis. Protocol last revised 04/12.
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 a same day appointment. MCHD also has a very active Influenza vaccination program, utilizing VFC, Pool and locally purchased vaccines each year.

The Oregon VFC Annual Recertification for both of the Morrow County sites was completed 10/09/12.

Morrow County has not yet received information regarding the 2013 – 2014 Annual Plan requirements for the Immunization program.

**4<sup>th</sup> DTaP rate**

**a.Current condition or problem:**

Morrow County had previously focused on 4<sup>th</sup> DTaP rate for two years olds and had developed a plan to address this issue. However, the Two year old immunization rates released to LHD's in December reveals a decrease in both the series and the individual vaccines. The 2011 4<sup>th</sup> DTaP rate 77.1%. The State Immunization performance measure is for the 4<sup>th</sup> DTaP rate of >90% or as per the previous guidelines, the LHD needs to improve the prior years rate by 1% or more in the following year.

**b.Goal:**

Target Goal for FY 2014 is for the 4<sup>th</sup> DTaP rate to be at 78% 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) at the time of the visit.
4. provide a reminder sticker for date next vaccines are due.

**d.Evaluation:**

4<sup>th</sup> DTaP rate to be improved at 78% or more as evidenced per the annual State immunization report.

## **Vaccine Administration Data Entry**

### a.Current condition or problem:

Morrow County had their last Triennial Review, May 2012. At this time, the review identified that Morrow County was not meeting the State performance measure:

- 80% of vaccine administration data should be entered within 14 days.

This issue was noted as resolved 07/15/12 (for the Heppner office).

However, it was later identified in November, 2012 that the review had been accomplished for the Heppner office only, and that the Boardman office had not actually been reviewed. The Triennial review portion for the Boardman Immunization program was accomplished per a self site assessment and also a review of the data.

The Boardman office was also identified as not meeting the 80% data entry within 14 days of administration. A plan for improvement (specific to the Boardman office) was submitted to the Immunization program on 01/11/13.

### b.Goal:

The MCHD Boardman office will meet or exceed the State performance measure for data entry of > 80% within 14 days of the administration of vaccine.

The goal is also for the Heppner office to maintain a data entry rate of > 80% within 14 days of the administration of vaccine

### c.Activities:

1. Staff at both the Heppner and Boardman offices will enter vaccines at the clinic the immunization was received, as soon as possible. If time does not allow Boardman office staff to complete the activity during the clinic, the VAR will be entered by Immunization staff in the Primary LHD site at Heppner.
  - VARs will be placed into the Lock Box as soon as the vaccine has been administered (preventing the VAR from being misplaced).
  - The only exception is if the Boardman office staff are able to enter the data immediately upon completion of the vaccination.
  - All VARs will be transported back to the Primary office (per Lock Box) at the close of each Boardman clinic day.

### d.Evaluation:

Evaluation will be dependant upon the review of Data entry reports specifically for the MCHD Boardman office, and contingent on meeting or exceeding the 80% or greater performance measure.

## **Monthly Vaccine Reporting Requirements.**

### a.Current condition or problem:

Monthly Vaccine Reports are due on or by the 15<sup>th</sup> and it was identified at the time of the Triennial Review in May 2012, that Morrow County was not meeting this deadline. Although it was usually a narrow margin, reports were not being submitted by the 15<sup>th</sup> on a consistent basis.

b.Goal:

The goal is that every Monthly Vaccine Report will be submitted before the 15<sup>th</sup>.

c.Activities:

Morrow County Health Dept. will strive to submit the Monthly vaccine report by the 10<sup>th</sup> of each month. In this way, if there is any type problem identified, there is cushion of time built in to allow for correction with submission accomplished before the 15<sup>th</sup>.

d.Evaluation:

Follow-up evaluation by the State Program based on the day the report was received each month.

**MCH Programs:**

**Overview of home visiting programs offered per MCHD:**

MCHD currently has a Community Health Nurse at 1.0 FTE with job responsibilities within the MCH home visiting programs including 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 also received a Federal grant in collaboration with Umatilla County to implement the Nurse Family Partnership (NFP) program. This same full time home visit nurse has been designated at 0.5 FTE for NFP. The implementation of the NFP program has been very time intensive and it has become a real challenge to balance NFP responsibilities with the other home visiting programs and her previous client load. NFP Training took place at Denver in June 2012 and the process of building a caseload began upon her return.

a.Current condition or problem:

As a 0.5 FTE committed to NFP, a full “half” caseload is 12 clients. Although recruitment began immediately, the eligibility requirements are rigid and the timeframe for enrollment is narrow. There have been some frustration regarding the number of referrals received, but enrollment is basically on target for one new client per month until a maximum of 12 clients is met. The time commitment for learning and building a new program have exceeded the allocated 20 hrs per week, infringing upon other home visit programs and actual visits provided to previous clients causing additional stress for the assigned nursing staff.

b.Goal:

The goal is enrollment of one new client per month up to a maximum of 12. The long term goal is to create a system in which the program will be self sustainable after the grant funds are expended.

c.Activities:

1. Weekly supervision, training and supports are provided per the NFP Supervisor, housed within Umatilla County.
2. Every referral to MCHD will be reviewed by the Healthy Start~Healthy Families Program Supervisor and entered into the most appropriate home visiting program based on client need.

d.Evaluation:

1. The Morrow County portion of the NFP program will reach the goal for program capacity at 12 clients by the end of the fiscal year, 06/30/13.
2. Additional funds or resources will be identified and secured to maintain the program by the time the current funding cycle ends, September 2012 to continue NFP until such a time as it can be self sustainable.

**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 07/01/11. 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 CAWEM Plus and refer to DHS (or assist with the process at MCHD) to submit an application for the program.

d.Evaluation:

1. Compare the percentage of Morrow County pregnant women initiating prenatal care within the first trimester for any increase values.
2. Compare the percentage of Morrow County pregnant women who receive Inadequate prenatal care, with the expectation that this value would decrease.

**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).

a.Current condition or problem:

**Title X Family Planning Agency Data (County Specific) 2011 report:**

Total number of Clients served = 319

Proportion of Women in Need (WIN) served = 39%

Pregnancies averted = 59;

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

Teen Pregnancy Rate (per 1000 females aged 15 – 17) = 22.2

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,

b.Goal:

1. Provide high cost longterm BCM's
  - i. A specified amount of funding will be allocated to continue the provision of high cost, longterm BCM's (including Implanon).
  - ii. These methods will be offered on first come/served basis beginning 07/01/13.
2. Continue to increase staff knowledge and competency by encouraging attendance at medical/health related training in FY 2014.

c.Activities:

1. Longterm, high cost BCM's.
  - i. Offer high cost longterm BCM's: Paraguard IUD, Mirena IUS, and Implanon.
  - ii. A listing of the available number of each high cost 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.

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 14 at year end and review content of training attended and provide time for sharing info with other staff as applicable.

**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 by 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 OHA 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 MCHD Organizational chart is included as an attachment.

## **2. Board of Health**

The Morrow County LPHA consists of the County Judge and the other two Board of Commissioners, a total of three members. 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 plans to continue this structure with CCF until such time as the Local CCF is no longer funded, tentatively 1/14. 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 had the last Triennial Review May 2012. There were a minimal number of Compliance issues identified which are believed to be resolved at this time, with the exception of a data entry item recently identified (Boardman office specific immun. Review addressed 11/12) which will need to borne out over time.

## **5. Senate Bill 555**

The Public Health Department and the LCCF continue to work closely together on a variety of issues including the Healthy Start program, and within the scope of the Comprehensive Plan. The LCCF continues to be overseen by the County Court 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 quick solution to address this issue immediately, providing Prenatal Care within the boundaries of the county, the implementation of CAWEM PLUS is one way Morrow County has begun to address one of the barriers. The belief is that this action will have a positive impact on the acquisition of Prenatal Care.

## **VI. Budget**

Projected revenue budget information will be submitted later, as per Annual Plan requirements. The 2013 – 2014 budget will be formulated in the coming months and submitted to the Morrow County Budget Committee in April 2013 for review and preliminary approval. The County Board of Commissioners will review the proposed budget before a final approval is received later.

Contact for Morrow County budget information is as follows:

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

## VII. LHD Survey and Indicators

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

- 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.**

**Note: The “Public Health Administrator” and the “Supervising Public Health Nurse” are the same individual.**

- 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.**

## **VII. Minimum Standards Response**

### **Response to Unmet Minimum Requirements**

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 21+ 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 10 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 plan to utilize the video conferencing option more in the future.

I have participated in OPHA for the last several years, am a member of the Nursing section and attend the Annual Conf regularly. I am also currently serving in the Secretary position for the OPHA Nursing section. I had also regularly attended the Annual AOPHNS Conf held each spring. I am looking forward the anticipated upcoming PHN Conf to be hosted jointly by OPHA Nursing and AOPHNS. I have not had an opportunity to attend the Annual Luncheon in the past, due to the distance involved for such a short period of time. However, I am planning to attend the PHN Conf., and intend to bring all of the MCHD Nursing staff along. I have made an effort to participate in the planning of the Conf., but have had difficulty aligning my schedule with the meetings.

Although I have seriously considered enrolling in an RN to BSN program, I have many demands on my time both professionally and personally and do not believe I could be successful at this time. Additionally responsibilities in a small LHD, include not only Administration, but also physically performing nursing duties in the absence of nursing staff due to illness, vacation, etc.

I am actively involved in the community with issues impacting health, serving on a variety of boards and attending meetings and providing leadership as appropriate. I will also continue to attend professional meetings, and attend Public Health trainings as appropriate and applicable.

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.**

<hr/>	<b><u>Morrow County</u></b>	<hr/>
Local Public Health Authority (Signature)	County	Date
<b><u>Terry Tallman, County Judge</u></b>		<b><u>01/15/13</u></b>
Local Public Health Authority (Printed)		Date (Plan Submitted)

