

# WHEELER COUNTY PUBLIC HEALTH ANNUAL PLAN

July 1, 2014 through June 30, 2015

Submitted by:

Shelly Hankins, Board Chair  
NE Wheeler County Health District  
Local Public Health Authority

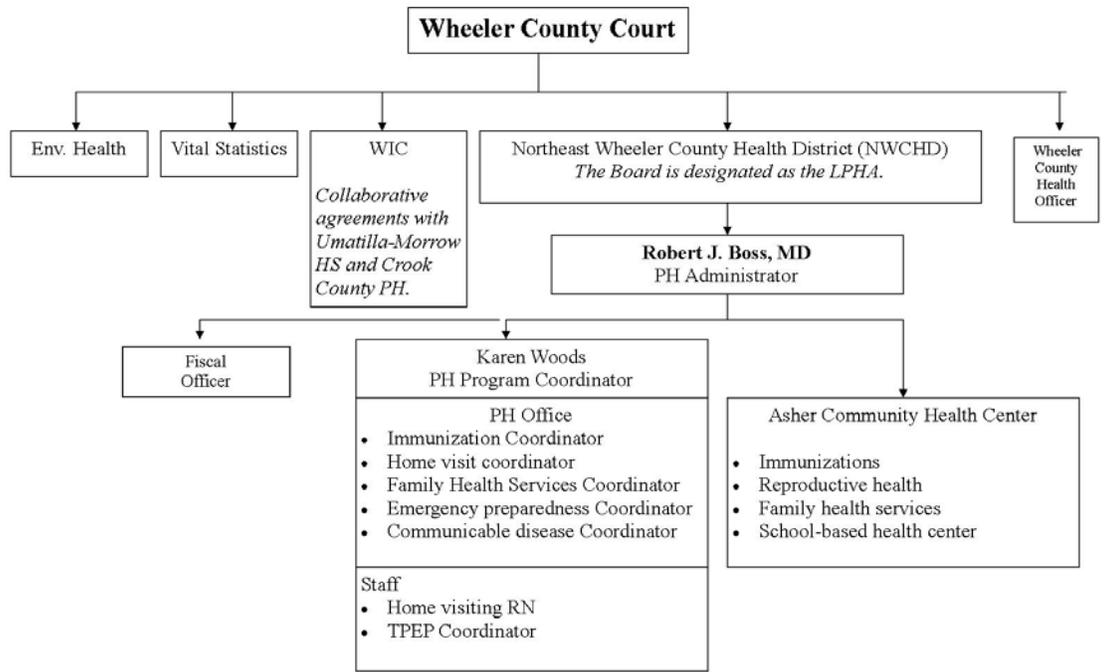
Karen Woods  
Program Coordinator

Robert J. Boss, MD, Administrator  
WHEELER COUNTY PUBLIC HEALTH  
712 Jay Street, P.O. Box 307  
Fossil, OR 97830  
541-763-2725

WHEELER COUNTY PUBLIC HEALTH  
ANNUAL PLAN for FY 2014- 2015

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## **I. Executive Summary**

Wheeler County Public Health Department provides the core public health services of communicable disease reporting and investigation, reproductive health, child and adolescent health, immunizations, perinatal, emergency preparedness, and Babies First! programs. We also have the CaCoon program and Tobacco Prevention and Education Program (TPEP).

Mitchell School Based Health Center (MSBHC) continues to serve Mitchell School District #55, K-12, as well as the entire community and surrounding ranches. The site offers primary care, including reproductive health. Students who do not have parental permission to participate must be referred to the Federally Qualified Health Care Center in Fossil.

Mitchell School Based Health Center now offers full dental services including a pediatric dentist. These dental services are also offered at Asher Community Health Center (ACHC) in Fossil and in Spray.

During this fiscal year, we have received a grant, for much needed funds with which to expand the mental health services at the School Based Health Center in Mitchell.

## II. ASSESSMENT

### ALCOHOL & DRUG USE

Community Counseling Solutions reports that in 2013 Wheeler County had 11 people in counseling for drug and alcohol use. There are minors included in this who may repeat offenses and do not continue counseling beyond the requirements of law as a result of being apprehended. We need to expand prevention and create new ways to reach the youth.

### BIRTHS

Most births occur outside the county as we do not have a hospital or birthing clinic, and must refer clients for prenatal care. As a result of this, we do not receive the birth certificates. The only available data is from the Babies First! birth notifications which show 5 births in Wheeler County in 2013.

### COMMUNICABLE DISEASE

There was 1 new case of Chlamydia in 2013.

One new Hepatitis C case in 2013

One new Lyme's Disease diagnosis in 2013

### DEATHS & CAUSES OF DEATH

Wheeler County Clerk reports that in 2013 Wheeler County had 15 deaths.

Causes of death are as follows:

- 3 Coronary artery disease
- 3 Chronic obstructive pulmonary disease
- 1 Malignancy of lung
- 1 Dislipidemia
- 1 Multiple blunt force trauma (motorcycle accident)
- 1 Bowel obstruction
- 1 Signet ring carcinoma
- 1 Pancreatic cancer
- 1 Hypertension
- 2 Undetermined

## DENTAL

The Mitchell School Based Health Center now offers full dental services. A one-chair dental operator has been added in Spray. A two-chair dental operator opened in Fossil in September 2011. Sliding fee discounts are available to low-income persons. This means that universal access to dental care is available to all Wheeler County residents.

## DIABETES

We have initiated a disparities program involving ongoing diabetic treatment and care. An electronic health record was implemented in March 2011, which will substantially improve the ability to manage health of subpopulations, including patient access to their chart via the internet, access to additional health information on their condition, and follow-up instructions. Data has been kept on the health outcomes of diabetics for the past four years. This focus has resulted in improved outcomes.

## UDS CLINICAL OUTCOME MEASURES

DIABETES	2009		2010		2011		2012		2013	
Total patients aged 18-75 with Type I or Type II diabetes	67		82		67		82		69	
<b>1. HbA1c &lt; 7%</b>	34	<b>51%</b>	45	<b>64%</b>	34	<b>51%</b>	45	<b>64%</b>	35	<b>51%</b>
<b>2. HbA1c &gt;= 7% and &lt; 8%</b>									13	19%
<b>3. HbA1c &gt;= 8% and &lt; 9%</b>									4	6%
<b>&gt;7% HbA1c &lt;= 9%</b>	23	<b>34%</b>	13	<b>19%</b>	23	<b>34%</b>	13	<b>19%</b>	17	<b>25%</b>
HbA1C > 9%	6	9%	10	14%	6	9%	10	14%	3	4%
No HbA1C	4	6%	2	3%	4	6%	2	3%	<b>14</b>	<b>20%</b>
<b>4. HbA1c &gt; 9% OR No test during year</b>									17	<b>25%</b>
		100%		100%		100%		100%		100%

- There has been a shift from the “<7%” (controlled diabetes) to the “>=7% and <8%” range.
- There are a greater number of patients without a current HbA1c.
- **Clinical staff proposes this as a QI project in 2014.**

<b>HYPERTENSION</b>	2009		2010		2011		2012
Total patients aged 18+ with hypertension	<b>224</b>		<b>240</b>		<b>174</b>		<b>205</b>
Patients with controlled BP Systolic , <=140 ; Diastolic <= 90		<b>47%</b>		<b>56%</b>	92	<b>53%</b>	90

- The percent of controlled hypertensive patients bounces from year to year, but over the long run has been relatively stable, varying between 44%-53%. There is an opportunity to improve but due to workload it must be deferred until 2015.
- Success in controlling hypertension is greatest with older age groups, as shown in the following table.

	<b>Not Controlled</b>	<b>Controlled</b>	
40-60	60%	40%	100%
61-70	57%	43%	100%
>70	53%	47%	100%
Grand Total	56%	44%	100%

## DOMESTIC VIOLENCE

We have several programs operating in Wheeler County which are independent of Public Health. There are CASA and VOCA programs and Community Counseling Solutions which does Drug and Alcohol counseling as well.

## AGING ISSUES

Wheeler County has a significant elder population with 30.9% of the population age 65+ vs. 15.4% for Oregon as a whole. Our issues are dementia, diabetes, hypertension, hyperlipidemia, congestive heart failure, falls, and the high cost of medication.

## CHRONIC DISEASE

Chronic diseases are diabetes, hypertension, hyperlipidemia, congestive heart failure, obesity and dementia.

## FOOD BORNE ILLNESS REPORTS

We have had no reportable cases of food borne illness in 2013.

## IMMUNIZATIONS

We have an ongoing need for free or affordable immunizations for children. Many of our residents have no insurance or are underinsured for immunizations. We continue to increase the number of children enrolled in the ALERT program and three staff members have completed the online classes for ALERT IIS which is now in use.

We are participating in the Adult Immunization Special Project sponsored by CDC and Oregon Health Authority to increase immunization against Zoster.

## LOW BIRTH WEIGHT

There was no report of low birth weight in 2013.

## MENTAL HEALTH

As mentioned above, Community Counseling Solutions is the primary agency providing services.

## PHYSICAL ACTIVITY, DIET & OBESITY

We encourage physical activity among all age groups. We provide nutritional counseling and disseminate information regarding diet and obesity.

Public Health has collaborated with Asher Community Health Center (ACHC) to implement an integrated overall community wellness program including improved health screening, exercise and diet modification. This program received recognition from former Governor Ted Kulongowski, KATU TV, National Public Radio, the Oregonian and numerous local newspapers.

## PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

In October, 2006, a Mutual Aid Agreement between all the counties of Region 7 was finalized and signed by our County Commissioners. In 2007 it was decided that it needed to be updated. The new agreement was signed in Wheeler County on February 20, 2008. Some counties within the region did not sign the agreement. A new revised agreement is in process at this writing.

Wheeler County Public Health has agreements in place with the schools in Fossil, Mitchell and Spray to use their facilities in an emergency. There is also an agreement with the Wheeler County Fair Board to use the Isobel Edwards Hall in an emergency.

Exercises completed in 2013:

- Public Health Quarterly in house call down tests
- Participated in each of the state call tests for satellite phones
- May 21, 2013 we participated in a Region 7 Hospital Preparedness exercise testing every mode of communication available to us.
- September 11-13, 2013 attended the Public Health Emergency Preparedness (PHEP) conference.
- September 24, 25, 26, and 27, 2013 conducted POD exercises in conjunction with influenza vaccination clinics.

The Public Health Vulnerability Analysis, Worksheet B: Public Health Consequences, was completed in 2012 and incorporated into the County EOM plan.

The work of collaborating with community partners to review and rewrite earlier Emergency Preparedness plans is an ongoing process.

## ADEQUACY OF FIVE BASIC SERVICES

Required by ORS 431.416

### **1. Epidemiology and control of preventable diseases**

Public Health staff (public health nurses and the health officer) follow up on any confirmed or suspected cases of diseases and conditions for which medical providers and labs are required by law to report to the health department. We coordinate these reports with DHS (state public health). We investigate to identify the cause or source of any outbreak, identify those who have been exposed to communicable disease, provide health guidance and preventive measures, when appropriate and available; and endeavor to prevent the spread or recurrence of disease. These services are adequate in normal times, but we are chronically short-staffed and would need assistance in a large outbreak.

### **2. Parent and child health services, including family planning clinics (ORS 435.205)**

RN provides home visitation in Babies First! and CaCoon programs, which have been well received in the community and are adequate.

Reproductive Health services are available at our facility. We offer counseling, contraception, and, when necessary, referral.

### **3. Collection and reporting of health statistics.**

The collection and reporting of health statistics in Wheeler County is done by the Wheeler County Clerk, currently Barbara Sitton. The Clerk may be contacted at the Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-2400. FAX 541-763-2026.

#### **4. Health Information and Referral Services.**

All health department programs provide health information and referrals to programs within and without our facility. We provide health information in the form of pamphlets in our lobby and in the schools. We have a health educator who visits the schools and community groups upon request.

#### **5. Environmental Health Services**

Wheeler County Court contracts with Grant County to provide these services. Specifically, our county is served by John Combs, Environmental Health Specialist, Grant County Health Department, 528 East Main, Suite E, John Day, Or 97845. 541-620-0965. FAX 541-575-3604. email [combsj@grantcounty-or.gov](mailto:combsj@grantcounty-or.gov)

We have the Food Handlers educational booklets, tests, and cards in our office and act as proxy to administer the tests and issue cards in John's absence.

### **III. Action Plan**

#### **CONTROL OF COMMUNICABLE DISEASE**

##### **Current Condition:**

1. Wheeler County Public Health is able to respond to communicable disease calls 24/7.
2. Investigations of reportable conditions and communicable diseases will be conducted, control measures carried out, and investigation report forms will be completed and submitted as per the investigative Disease Guidelines.
3. We are in need of on-going staff training and additional staff.
4. Immunizations are available here. Rabies immunizations for animals are available in our jurisdiction from a private veterinarian. Rabies treatment, if needed, must be referred outside our facility.
5. We have access to HAN and receive public health alerts.

##### **Goals:**

- To continue to be prepared to identify and respond to reports of communicable disease outbreaks 24/7.
- To complete and submit CD investigation documentation within the mandated timelines.
- To continue to provide health education to the community.

##### **Activities:**

1. Maintain 24/7 accessibility to receive calls and alerts.
2. Obtain training for new Physician Assistants who work part-time.
3. Investigate all reported communicable diseases/conditions within the investigative guidelines.
5. Continue to test internal call-down roster for 24/7 response.

## **Evaluation:**

Make sure we meet the time lines for investigation and data entry to ORPHEUS

Log the number of calls received.

Monitor the results of communication testing.

## **PARENT AND CHILD SERVICES**

### **Current Conditions:**

We receive referrals for Babies First! and CaCoon. The nurse is a part-time employee, and visits need to be made as soon as possible after the referral.

### **Goals**

- Continue to visit families as soon as possible after receiving referral
- Continue care coordination for the CaCoon clients

### **Activities**

1. Obtain training updates for nurse in Cacoon program
2. Contact referrals by telephone when we have the number
3. Contact by letter when necessary

### **Evaluation**

Review data from state when available

Quality assessment review of files

Poll client satisfaction

## **REPRODUCTIVE HEALTH**

### **Current Condition**

Data for 2013 is the most current data provided to us by DHS, and reflects that we served 14 clients in 2013.

Teens seeking contraception meet barriers of financial need and strong community resistance to accessibility of contraception methods for teens, believing that it encourages early sexual activity.

The Northeast Health Wheeler County Health District (NEWCHD) has established a fund to pay for necessary laboratory tests for indigent and uninsured minors.

**Please see Appendix A attached for specific goals, objectives, and activities.**

### **WIC**

WIC services are provided in Wheeler County by Letter of Agreement with Umatilla County, by and through Maryann McKuen, Supervisor, 541-966-3354. Trini Patrick comes to Asher Community Health Center every other month. She makes her own appointments by telephone with residents of Wheeler County in advance. Trini may be contacted at 541-667-2545.

In addition, we have a MOU with Crook County, dated February, 2012, for a WIC representative to visit Mitchell for those local clients.

### **HEALTH STATISTICS**

Health statistics for Wheeler County are collected by the County Clerk, Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-3460. FAX 541-763-2026. These statistics are shared with Public Health when appropriate.

## **HEALTH INFORMATION AND REFERRAL SERVICES**

### **Current Condition**

Public Health clients often have needs that are without the range of services offered in our agency. Some are aware of the information or services they are seeking, and call for contacts and telephone numbers. However, many are unaware of services available, and therefore do not inquire. These clients are dependent on public health staff to take the initiative and suggest services and opportunities that might be beneficial to them.

All programs are currently providing information and making referrals to clients for services offered at the Health Department, as well as services of other agencies.

We have a contract with Asher Community Health Center (ACHC) for part-time services from their staff. This includes the services of the ACHC Outreach Worker, who assists clients to apply for publicly funded health insurance, locate primary healthcare, sliding fee scale when applicable, and access dental care, in any of the three ACHC sites.

### **Goals**

- To assure that those who qualify are connected with the services available through public and private agencies designed to improve their quality of life.

### **Activities**

1. We will continue to attend the monthly meeting of Multi-Agency Teams (MAT) which facilitates inter-agency service.
2. ACHC Outreach Worker will continue to assist clients in their efforts to obtain services.

### **Evaluation**

We will check data from the ACHC Outreach worker.  
Monitor attendance at the MAT meeting

## **ENVIRONMENTAL HEALTH**

Wheeler County Court has contracted with Grant County to provide these services.

John Combs, Environmental Health Specialist, is the person who is currently providing licensure and inspection of facilities, and enforcement when necessary. ORS 624, 448, and 446.

Contact information: John Combs, Environmental Health Specialist, Grant County Health Office, 528 East Main Street, Suite E, John Day, Oregon 97845. 541-620-0965.

We have the Food Handlers educational booklet, tests, and cards in our office and act as proxy to administer the tests and issue cards in John's absence.

## **PUBLIC HEALTH EMERGENCY PREPAREDNESS**

### **Current Condition**

Wheeler County Public Health continues to work towards coordination of emergency planning with our partners within the county, within Region 7, and the State of Oregon.

Our Public Health Annex was incorporated in the Wheeler County Emergency Operations Plan on April 13, 2005. The Wheeler County Emergency Operations Plan was revised, updated, and approved by the County Court on January 17, 2007. The latest revision was accomplished in 2012.

### **Goals**

- Continue to prepare for emergencies through various exercises.
- Obtain CD training for our newly hired personnel.
- Further the education of existing personnel in NIMS requirements.
- Continue 24/7 telephone response capability.
- Be prepared to respond to reports of unusual events in an efficient manner.
- Continue to improve communications amongst agencies and community partners.

### **Activities:**

1. The Health Officer and Preparedness Coordinator have both Completed the ICS 300 and 400 classes offered in 2007 by Texas Engineering Extension Service.
2. Schedule CD training for new personnel.
3. Continue to meet periodically with the Wheeler County Emergency Operations Manager (WCEOM) to review and revise emergency plans.
4. Continue to meet with WCEOM and volunteer personnel to plan future exercises.

## **Evaluation**

Evaluation of our progress will be done quarterly using the assurances provided by Program Element 12 of the Intergovernmental Agreement with Oregon Health Authority. We will maintain records of activities and training.

## **IV. OTHER**

### **Unmet Needs**

There is an ongoing need for a full time public health nurse and funds for the salary.

### **Budget Statement**

A draft of the proposed budget is included as an attachment to this annual plan. When funding is more stable, this may be adjusted.

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**Minimum Standards**

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

**I. 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.

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12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done 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.
24. Yes  No  N/A 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  N/A Certified copies of registered birth and death certificates are issued within one working day of request.

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

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.

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- 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**

- 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.

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49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
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.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  N/A Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.

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63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
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. \* (All except vector control.)
66. Yes \_N/A\_ 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.

### **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.

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74. The following health department programs include an assessment of nutritional status:
- a. Yes  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health
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.

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**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.
92. Yes  No  Injury prevention services are provided within the community.

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### **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.

# NE Wheeler County Health District

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### 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: Robert J. Boss, MD

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

- a. Yes  No  **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.**

**ATTACHMENT:** Experience as Clinic Administrator, Personnel Management, and Medical Director in three clinics for multiple years as well as Public Health workshops may help to satisfy this requirement.

**NE Wheeler County Health District  
February 26, 2014**

**b. Yes X No \_\_\_ 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 X No \_\_\_ The local health department Environmental Health Supervisor meets minimum qualifications:**

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.**

**NE Wheeler County Health District  
February 26, 2014**

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.**

---

Shelly Hankins, Board Chair  
NE Wheeler County Health District  
Local Public Health Authority

Wheeler County

February 28, 2014

**NE Wheeler County Health District  
February 26, 2014**

**Minimum Standards**

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

**I. 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.

## **NE Wheeler County Health District February 26, 2014**

12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done 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.
24. Yes  No  N/A 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  N/A Certified copies of registered birth and death certificates are issued within one working day of request.

## **NE Wheeler County Health District February 26, 2014**

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

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.

## **NE Wheeler County Health District February 26, 2014**

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**

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.

## **NE Wheeler County Health District February 26, 2014**

49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
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.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  N/A Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.

## **NE Wheeler County Health District February 26, 2014**

63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
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. \* (All except vector control.)
66. Yes  N/A  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.

### **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.

## **NE Wheeler County Health District February 26, 2014**

74. The following health department programs include an assessment of nutritional status:
- a. Yes  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health
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.

## **NE Wheeler County Health District February 26, 2014**

### **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.
92. Yes  No  Injury prevention services are provided within the community.

## **NE Wheeler County Health District**

### **February 26, 2014**

#### **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.

# NE Wheeler County Health District

## February 26, 2014

### 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: Robert J. Boss, MD

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

- a. Yes  No  **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.**

**ATTACHMENT:** Experience as Clinic Administrator, Personnel Management, and Medical Director in three clinics for multiple years as well as Public Health workshops may help to satisfy this requirement.

**NE Wheeler County Health District  
February 26, 2014**

**b. Yes  No  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  No  The local health department Environmental Health Supervisor meets minimum qualifications:**

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  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.**

**NE Wheeler County Health District  
February 26, 2014**

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.**

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Shelly Hankins, Board Chair  
NE Wheeler County Health District  
Local Public Health Authority

Wheeler County

February 28, 2014

**IV. BUDGET  
WHEELER COUNTY PUBLIC HEALTH  
PROPOSED BUDGET  
FY 2014-2015**

<b>PROGRAMS</b>	<b>2012-2013 EXPENSE</b>	<b>REVENUE</b>	<b>NEEDED REVENUE</b>	<b>2014-2015 BUDGET</b>
CaCoon	3,485	3,420	65	3,485
MCH Title V Flex funds	10,312	9,308	1,004	10,312
<b>CHILD &amp; ADOLESCENT HEALTH</b>	<b>4,559</b>	<b>3,990</b>	<b>569</b>	<b>4,559</b>
<b>CAHS GENERAL</b>	<b>3,658</b>	<b>2,805</b>	<b>853</b>	<b>3,658</b>
<b>BABIES FIRST!</b>	<b>5,871</b>	<b>4,733</b>	<b>1,138</b>	<b>5,871</b>
<b>PERINATAL/GENERAL FUND</b>	<b>2,540</b>	<b>1,494</b>	<b>1,046</b>	<b>2,540</b>
<b>EMERGENCY PREPAREDNESS*</b>	<b>45,712</b>	<b>45,105</b>	<b>607</b>	<b>45,712</b>
<b>FAMILY PLANNING</b>	<b>6,897</b>	<b>5,724</b>	<b>1,173</b>	<b>6,897</b>
<b>IMMUNIZATIONS</b>	<b>4,222</b>	<b>1,185</b>	<b>3,307</b>	<b>4,222</b>
<b>SCHOOL BASED HEALTH C**</b>	<b>198,500</b>	<b>185,500</b>	<b>13,000</b>	<b>198,500</b>
<b>STATE SUPPORT FOR P.H.</b>	<b>1,935</b>	<b>1,578</b>		<b>1,578</b>
<b>TOBACCO PREVENTION</b>	<b>16,988</b>	<b>16,791</b>	<b>197</b>	<b>16,988</b>
<b>COUNTY GENERAL FUND</b>	<b>1,500</b>	<b>1,500</b>		<b>1,500</b>
<b>TOTAL</b>	<b>\$306,179</b>	<b>\$283,133</b>	<b>\$22,959</b>	<b>\$ 306,092</b>

\*includes mini grant for volunteer management

\*\* excludes \$138,000 local funds which support dental care, etc.

# WHEELER COUNTY PUBLIC HEALTH

## ANNUAL PLAN

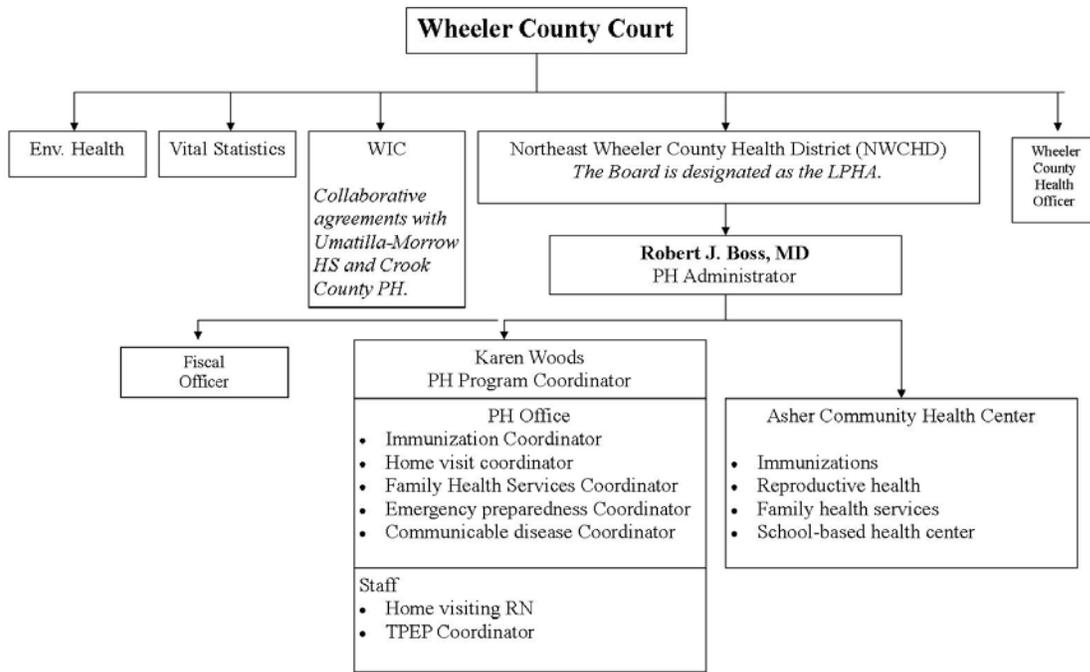
July 1, 2014 through June 30, 2015

### BUDGET ACCESS INFORMATION

The Wheeler County Public Health Budget for fiscal year July 1, 2014 through June 30, 2015 may be accessed by contacting:

Robert J. Boss, MD, Administrator, or Karen Woods, Program Coordinator  
WHEELER COUNTY PUBLIC HEALTH  
712 Jay Street, P.O. Box 307  
Fossil, OR 97830  
541-763-2725

Teresa Hunt, Administrator  
Northeast Wheeler County Health District  
541-763-2698



## **BAKER COUNTY**

### **Partners**

The Baker County LCAC has had several partners who have attended four or more meetings over the past 8 months. Thirteen individuals from eleven agencies represent the group. *New Directions Northwest* (Anthony Washington, Melissa Grammon), *Mountain Valley Mental Health* (Marji Lind), *State of Oregon Department of Human Services (Aging and People with Disabilities/ Cindy Bowman and Community Outreach/Tammy Pierce)*, *Baker County* (County Commissioner/Fred Warner), *Baker Health Department* (Alisha Hills), *Building Healthy Families* (Amy Johnson), *Parole and Probation* (Will Benson), *St Alphonsus/Baker Clinic* (Carol Webb), *St Luke's Clinic/EOMA* (Cindy Denne, Chris Knoll), *Malheur ESD Hub* (Kelly Poe). (Estella Gomez from the Oregon Health Authority and Wyn Lohner from the Baker City Police Dept attend when able.)

### **Data Sources**

#### Primary Data Sources

- “Community Health Needs Survey, - Baker County” 2013. Eastern Oregon Coordinated Care Organization: Community Advisory Council. Oregon.
- Unity, Baker City and Huntington Community Participation – Visioning Meetings. 2013. Baker County.
- Halfway Focus group, 2013. Halfway Oregon
- LCAC Community Round Table- June 2013.

#### Secondary Data Sources

- “County Health Calculator,” 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.
- “County Health Rankings and Roadmaps – a Healthier Nation County by County,” 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute.
- “Prevention Chronic Diseases and Reducing Health Risk Factors,” 2013. Centers for Disease Control and Prevention. CDC 24/7: Saving Lives. Protecting People.
- “Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.
- “Tobacco Fact Sheet by County,” 2013. Oregon Health Authority.
- “Oregon Smile Survey, “2013. Oregon Health Authority.
- “Baker Epidemiological Data on Alcohol, Drugs, Mental Health,” 2000-2012. Addictions Mental Health Services.
- “Oregon Healthy Teens,” 2013. Oregon Health Authority.
- “St Alphonsus Community Health Assessment,” 2013. St Alphonsus Medical Center.
- “NEON Health Assessment” 2010. Northeast Oregon Network.
- “Baker County Child Care Profile,” 2013. “Child Care & Preschool Needs,” “Building Healthy Families.
- “Student Wellness Survey,” 2011-2012. Oregon Health Authority.

- “Community corrections biennium plan,”2013-2015. Baker County Parole and Probation.

### **Priority Needs**

GOBHI provided several staff members to support the Baker LCAC in developing a draft needs assessment. Sandy Ryman presented a majority of the primary data to the LCAC during monthly meetings. Linda Watson did a community needs assessment workshop during the July 2013 LCAC meeting. Members of the LCAC held four community health care meetings. They were in Halfway, Unity, Huntington, and Baker City. In October 2013, Ari Wagner presented a power point that combined primary data with the community mail surveys. Paul McGinnis provided a triangulation report and helped the council to conduct a forced choice matrix.

At the first LCAC round table, mental health became an established priority. Baker County residents who participated in the community meetings and the respondents to the EOCCO mail survey also listed mental health services as a need. State data indicates that suicide rates are higher in Baker County compared to the state. The mail survey and primary state data indicates that Baker County residents report having a high rate of health conditions. This paired with the recommendations from the United States Preventive Services Task Force encouraged the selection of Prevention and Screenings as a priority need. The EOCCO mail survey, the Oregon Smile Survey, and consistent concerns raised by community services providers indicate that oral health (dental) need to be addressed in Baker County.

1. Mental Health Care
2. Prevention and Screenings
3. Dental and Oral Care

## **GILLIAM COUNTY**

### **Partners**

The Gilliam County Community Advisory Council (CAC), to the Eastern Oregon CCO, first met in June, 2013. There has been consistent participation on the part of representatives by a minimum of the following entities and individuals:

- Gilliam County Commissioner (Judge Steve Shaffer)
- North Central Public Health (Teri Thalopher)
- Community Counseling Solutions (Lisa Helms)
- Department of Human Services (Rebecca Humphreys)
- Gilliam County Juvenile Department (Vicki Winters)
- Gilliam County Sheriff's Office (Gary Bettencourt)
- North Central ESD Early Education Office (Natalie Wilkins)
- Mid-Columbia Council of Government, AAA Program (Marvin Pohl)
- Gilliam County Medical Center, (Ryan Hawley)
- Gilliam County Family Services, (Teddy Fennern)

### **Data Sources**

#### Primary Data Sources

- "Community Health Needs Survey, Gilliam County" 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Gilliam County CAC.
- Key Informant Interviews conducted by Gilliam County CAC members in August, 2013.

#### Secondary Data Sources

- "Tobacco Fact Sheet by County," Oregon Health Authority, 2013.
- Eastern Oregon Coordinated Care Organization Data Packet prepared by Emerson Ong, Oregon Office of Rural Health, April, 2013.
- "Oregon Smile Survey," Oregon Health Authority, 2012.
- "Oregon Statewide Area Agency on Aging Report," 2013.
- "Community Health Improvement Plan Based on Community Health Assessment" North Central Public Health District, 2011
- Excerpt of county data from DHS County Quick Facts. Prepared by DHS and OHA January 2013.
- 2013 Areas of Unmet Health Care Need in Rural Oregon Report
- County Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2012. OHA office of Health Analytic and Addiction and Mental Health Division.
- Prescription Controlled Substance Dispensing in Oregon Statewide Data Report, November 2012
- From Our Roots, Community Food Assessment Report, CAPECO, 2010
- Gilliam County Special Transportation Public Transportation Plan, 2009
- Umatilla/Morrow Head Start, Community Assessment 2012-2013
- Gilliam, Morrow, Wheeler Implementation Plan, Community Counseling Solutions, 2013

## **Priority Needs**

EOCCO staff supported the Gilliam County LCAC in customizing a draft needs assessment document. The needs assessment was mailed as a household survey to approximately 900 county households.

The Gilliam County CAC group developed Key Informant Interview Questions for use by the entire CAC group in surveying a diverse group (age, income and community of residence) of 15 Gilliam County residents.

The gathered information was combined into a triangulation report by EOCCO staff. The triangulation report identified topic areas where there were multiple data sources. The triangulation report was provided to the CAC as a whole. At the November 2013 CAC meeting, the group used a forced choice matrix to vote individually and privately on the priorities based on the triangulation report. Due to there being only 7 people in attendance, the group solicited participation by the rest of the committee and then the individual totals were added together for each potential priority area.

At their next meeting the group narrowed their initial five priorities down to three. These are not in the order of their final prioritization, which is yet to come:

Mental Health; Social Determinates of Health; Children's Health Promotion and Education

## GRANT COUNTY

### Partners

The Grant County Community Advisory Council (CAC) first met in June 2013. The group has had good attendance and participation and members are broadly representative of our community. This advisory council includes:

- Nurse Practitioner, Grant County Health Department, Karen Triplett, CAC Chairperson
- Grant County Chamber of Commerce, Sharon Mogg, CAC Vice Chairperson
- Grant County Commissioner, Chris Labhart, CAC Secretary
- Safe Communities Coalition, Russ Comer
- VISTA, Grant County Health Department, Erin Osgood,
- Grant County Economic Development Coordinator, Sally Bartlett
- Consumer, Danetta Lewis
- Dental and Tobacco, Grant County Health Department, Program Director, Sheila Comer
- Community Counseling Solutions, Thad Labhart
- Advantage Dental, Dr. Travis Schuller
- Consumer, Vicki Brown
- Local Pharmacist and Business owner, Greg Armstrong,
- Department of Human Services, Debbie Hueckman and Kim Mills (Harney County)
- Consumer and Foster Parent, Cammie Copenhaver Grant County CHIP/CAC Coordinator, Linda Watson
- Families First, Teresa Aasne
- Resource Assistance to Grant County CAC: Paul McGinnis, Sandy Ryman, Ari Wagner and Linda Watson, Greater Oregon Behavioral Health; Estela Gomez, Oregon Health Authority, EOCCO

### Data Sources

There were numerous data sources reviewed by our CAC members. Following are sources of the wide variety of data considered before making a final determination as to the three most significant Grant County issues:

#### Primary Data Sources

- Grant County Community Health Improvement Partnership (CHIP) conducted the following Primary Data Assessments for Grant County:
- “New Paths to a Healthier Grant County” community-wide participation vision meeting ,held January 10, 2013. Conducted by ORH, CHIP and The Blue the Mountain Hospital District.
- “2012 Grant County CHIP Household Survey”, conducted by the Office of Rural Health, under the direction of the Grant County CHIP. Mailed in Oct. 2012
- “Key Informant Interviews,” 83 one-on-one interviews were conducted by CHIP members, Oct/Nov 2012.
- “Provider Need and Shortage Analysis” Physician and practitioner survey conducted by Blue Mountain Hospital District and ORH in Nov. 2012 and presented to the CHIP in Dec. 2012

## Secondary Data Sources

- Grant County Community Health Needs Assessment 2012-2013, conducted by Oregon Office of Rural Health and Blue Mountain Hospital District under the direction of the Community Health Improvement Partnership (CHIP).
- Demographic and Socio-Economic Data; Oregon Employment Dept., Dept. of Education, Division of Medical Assistance Programs, 2000 Census, 2011 Oregon Health Insurance Survey, prepared by Oregon Department of Rural Health (ORH), September 2012.
- Health Status, Oregon Department of Human Services; prepared by ORH, September 2012.
- Health Utilization, Comp. Data (July 1, 2011-July 1, 2012; prepared by ORH, September 2012.
- Local Childhood Surveillance Data; conducted by Shawna Clark, FNP, with the support of Strawberry Wilderness Community Clinic and CHIP, September – November 2012.
- Grant County 2013-2015 Mental Health Biennial Implementation Plan; conducted by Community Counseling Solutions, September 2013.
- Grant County Healthy Smiles Dental Clinic Assessment report 2009-2013; presented by Grant County Health Department, September 2013.
- Grant County Health Teen Survey Alcohol Use report data (revised March 2012; presented by Safe Communities Coalition, August 2013.
- Grant County’s Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012, Oregon Health Authority, Office of Health Analytics and Addictions and Mental Health Division.
- Grant County Community Food Assessment Report Addendum 2011; conducted by Oregon State University Extension, Oregon Food Bank *and* Resource Assistance for Rural Environments, presented by Grant County Economic Development.
- Grant County Cost and Utilization Report, prepared by EOCCO, Experience for November 1, 2012 – August 31, 2013
- Additional Grant County data sources: 2013 Tobacco Fact Sheet; YBRFSS; BRFSS; Oregon Smile Survey; Criminal Justice Data; Community Connections of Northeast Oregon Survey 2012; 2013 County Health Rankings and Road Maps; CHIP data related to alcohol use, obesity, cancer, mental health and dental care; Vital Statistics; EOCCO Need Assessment Data Sheet; DHS Quick Facts; 2013 Areas of Unmet Health Care Need in Rural Oregon Report; Prescription Controlled Substance Dispensing in Oregon: Statewide Data Report, November 2012.

## **Priority Needs**

In November, 2013, the CAC members reviewed Triangulation of Grant County Needs Assessments and participated in a forced matrix to identify which of community health issues were the higher priorities: Children’s health, obese and overweight which tied with alcohol and drugs, and mental health which tied with oral health. On December 18, 2013 Grant County CAC members voted to move forward with these three top *key* community concerns:

1. Children’s health,
2. Obese and overweight and
3. Oral health.

Grant CAC will be forming small groups to identify our community health focus and developing an implementation plan for change.

## **Harney County**

### **Partners:**

We began pulling our group together in early spring. We looked at all available agencies to make sure we were covering the widest possible range of ages. Also, through agencies already giving care to patients in order to reach out to OHP utilizers. Our group formed in conjunction with our Mental Health Advisory Board and our first official meeting minutes came in May.

Our partners in the group come from many areas. We have representation from Harney District Hospital Board and employees, Burns Dental Group, HC Senior and Community Services Director, Public Health, SSI, DHS, Burns Paiute Tribe, Early Childhood Center, and schools.

### **Data Sources**

Our data sources came from Oregon Epidemiological Report on Alcohol, Drugs and Mental Health, County Health Rankings, Oregon Student Wellness Survey, County Health rankings via OHA, and local surveys done through Harney District Hospital, Burns Paiute Tribe, Symmetry Care, Early Childhood Center Data, and our Public Health Dept. Survey.

### **Priority Needs**

Our priority needs were identified as follows,

- >#1 – Obesity/Overweight
- >#2 – Mental Health
- >#3 – Chronic Disease Management
- >#4 – Social Determinants of Health

Our priority needs were established by reviewing triangulated data and using the Forced Choice Matrix. We were quite surprised at how the top needs came out from the 10 identified health issues listed. We are now in the process of breaking up the top 4 into two groups.

## LAKE COUNTY

### Partners

Presently, there are 26 members who have been appointed by the County Commissioners to the CAC. Members who have participated in at least 4 or more meetings include:

Lakeview community member, Anne Kasbohm	Warner Mountain Medical Clinic, Marietta Lamas
Lakeview Center for Change, Barbara Vandenberg	Lake County Public Health, Mary Wilkie
Lake County Mental Health, Ben Paz North Lake Clinic, Charissa Kucera	Lakeview Ministries/Ministerial Association, Mike Newcombe
Lake Health District, Charlie Tveit	North Lake Clinic, Pat Widenoja
Warner Mountain Medical Clinic, Dala Pardue	Town of Lakeview, Ray Simms
North Lake School, Deb Diment	Southern Oregon Goodwill, Sarah Cano-Bunten
Lake County EMS, Glenna Wade	Lake County ESD, Sara Sarensen/Brianna McCoy
Lake County Community Corrections, Jake Greer	North Lake community member, Sherry Chamberlain
Lake County Commissioners, Ken Kestner	Lake County Chamber of Commerce, Tallulah Chiono
Lake County Crisis Center, Rachel Klippenstein	Lake County Head Start, Vicki Taylor

### Priority Needs

Once all the data was compiled, the top 10 “Focus Areas” were identified through a triangulation process. A Forced Choice Matrix was used to help identify the top 4 health priorities, including:

#### 1. Senior Services      2. Dental      3. Mental Health      4. Physical Activity

Following are the four health needs and the direct links between the data and the health needs:

#### Senior Services

Data Source	Data/ Key Findings
Demographics Presentation	Lakeview – 25.9% of population is 65+ North Lake – 18.7% of population is 65+
Lakeview Visioning Meeting	Assisted living - 24 votes
Lakeview Visioning Meeting	Better community support at the Senior Center - 19 votes
North Lake Visioning Meeting	Senior outreach and support staff – 9 votes

#### Dental

Data Source	Data/ Key Findings
Lakeview Visioning Meeting	Need More Dentists received 16 votes
North Lake Visioning Meeting	More Dental Services received 17 votes
Health Status Presentation	49.9% are without dental insurance
North Lake Survey	56.4% did not get all the dental care they needed
South Lake Survey	20.5% did not get all the dental care they needed

#### Mental Health

Data Source	Data/ Key Findings
North Lake Visioning Meeting	Full-time mental health provider – 8 votes
South Lake Survey	Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? <b>Several days: 19%; More than half the days: 4.1%; Nearly every day: 6.6%</b>
South Lake Survey	Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? <b>Several days: 17.2%; More than half the days: 3.4%; Nearly every day: 3.9%</b>
South Lake Survey	17.7% report they have told by a doctor or

	other health professional that you have depression or anxiety
North Lake Survey	Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? <b>Several days: 21.9%; More than half the days: 8.8%; Nearly every day: 9.5%</b>
North Lake Survey	Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? <b>Several days: 22.8%; More than half the days: 5.9%; Nearly every day: 2.9%</b>
North Lake Survey	12.2% report they have told by a doctor or other health professional that they have depression or anxiety

### Physical Activity

Data Source	Data/ Key Findings
Lakeview Visioning Mtg.	Year-round fitness facility for all ages - 30 votes
South Lake Survey	37.1% report they have told by a doctor or other health professional that they have high blood pressure
South Lake Survey	26% report they have told by a doctor or other health professional that they have high cholesterol
South Lake Survey	14.3% report they have told by a doctor or other health professional that they have diabetes
South Lake Survey	18.8% stated obesity is the most important health concern the community is facing today. 17.6% said it was the second most important
North Lake Survey	51.8% report they have told by a doctor or other health professional that they have high blood pressure
North Lake Survey	44.6% report they have told by a doctor or other health professional that they have high cholesterol
North Lake Survey	22.3% report they have told by a doctor or other health professional that they have diabetes
Health Status Presentation	41.3% are Overweight, 18.8% are obese
Health Status Presentation	45.1% of adults have high cholesterol

#### ***Data Sources:***

##### Primary Data Sources

- “2013 Lake County Community Health Needs Survey”. Conducted by the Office of Rural Health under the direction of the Lake County CAC. Mailed in July 2013.
- “Keeping Healthcare Local” community meetings, organized in Lakeview, Paisley, and Christmas Valley in September and October 2013 and conducted by ORH, LHD, and the EOCCO.
- “Provider Need and Shortage Analysis”. Physician and practitioner survey conducted by LHD and ORH in July and August 2013 and presented to the CAC in August 2013.

##### Secondary Data Sources

Nielsen 2012; 2007-2011 American Community Survey, 2003 OMA Physician; Workforce Assessment, OR Dept. of Ed., Oregon Department of Corrections, Oregon Health Plan, Oregon Employment Department, Oregon Employment Dept. @ [www.olmis.org](http://www.olmis.org); 2010 Census Small Area Health Insurance Est., 2011 Oregon Health Insurance Survey, Division of Medical Assistance Programs, Adult and Family Services; OR Dept. of Human Services, Status of Children in OR; Vital Statistics: Health Division; 2004-2007, 2006-2009 BRFSS; OR Criminal Justice Commission; CompData (1/1/2012 – 12/31/2012), CDC; 2007 National Hospital Discharge Survey, National Health Statistics Reports *No 29*, Oct. 26, 2010, Health Affairs (Mar/Apr 2001) National Health Statistic Reports Number 11 Sept. 4, 2009, Ambulatory Surgery in the United States, 2006.

## MALHEUR COUNTY

### Partners

The Malheur County Community Advisory Council (CAC) consistently received participation from the following organizations, agencies and community members since its inception in February, 2013. Following is a summary of the Community Health Assessments conducted by the local CAC.

- Malheur County Commissioners, Public Health, Juvenile Department and Sheriff's Office;
- Department of Human Services Adults & Persons with Disabilities, Child Welfare, Self-Sufficiency, & Community Development;
- Office of Representative Cliff Bentz
- Southeast Oregon Food Bank
- Malheur Council on Aging
- XL Hospice
- Malheur Education Service District
- Treasure Valley Relief Nursery
- Oregon Child Development Center
- Treasure Valley Pediatrics
- Valley Family Health Care
- St. Alphonsus Medical Center
- St. Luke's Family/Internal Medicine
- Debra Alexander, FNP
- Independent Chiropractic & Dental Providers
- Treasure Valley Physical Therapy
- Lifeways Mental Health, Developmental Disabilities & Addictions
- The Family Place Therapeutic Services
- Veteran's Advocates of Ore-Ida

### Data Sources

#### Primary Data Sources

- "Community Health Needs Survey, Malheur County" 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Malheur County CAC.
- Key Informant Interviews conducted by Malheur County CAC members in August and September, 2013.
- Malheur County Latino Focus Groups conducted by Armenia Sarabia of Greater Oregon Behavioral Health, Inc. (GOBHI), in September and October, 2013.

#### Secondary Data Sources

- "Community Health Needs Survey, - Malheur County" 2013. Eastern Oregon Coordinated Care Organization : Community Advisory Council. Oregon.
- "County Health Calculator," 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.
- "County Health Rankings and Roadmaps – a Healthier Nation County by County," 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute.
- "Data Elements for CCOs Reports," 2013. Oregon Health and Science University. Office of Rural Health.
- "Malheur County's Epidemiological Data on Alcohol, Drugs and Mental Health. 2000 to 2012. Oregon Health Authority. Office of Health Analytics and Addictions and Mental health Division.
- "Oregon Smile Survey," Oregon Health Authority, 2012.

- “Prevention Chronic Diseases and Reducing Health Risk Factors,” 2013. Centers for Disease Control and Prevention. CDC 24/7 : Saving Lives. Protecting People.
- “Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.

## Priority Needs

EOCCO staff supported the Malheur County LCAC in developing a draft needs assessment survey. This was mailed as a household survey to approximately 900 random households, from which there were 366 responses for a 35% response rate.

The Malheur County CAC group reviewed, suggested modifications and approved a Key Informant Interview guide with assistance from EOCCO staff. After reporting demographic information about prospective respondents, CAC members utilized this questionnaire in surveying a diverse group (age, income and community of residence) of 27 Malheur County residents. One-on-one interviews were then recorded and analyzed for major themes, which were shared with the CAC as a group.

Eliciting responses from our Hispanic community was a critical concern for our CAC. To this end, three separate focus groups were conducted by bilingual staff provided by EOCCO that included approximately 45 persons from local child care centers and faith based organizations. Major themes that emerged were coded and communicated in the form of reports to the CAC by GOBHI staff whom facilitated the discussion of local health care resources, health concerns, and challenges unique to this community.

Primary information gathered was combined with secondary data, and prepared in a Triangulation report by EOCCO staff. The Triangulation identified topic areas where there were multiple data sources. At the November 25, 2013 CAC meeting, the group reviewed the triangulation and used a forced choice matrix to vote individually and privately on priorities based on the Triangulation report. CAC members who did not attend the meeting were included in the matrix vote by submitting emailed responses. EOCCO staff provided the group with rankings that identified the following priority areas:

1. Mental Health
2. Social Determinants of Health
3. Alcohol and Drugs
4. Children and Families

In addition to the Primary and Secondary Needs Assessment data described above, the Malheur Community Advisory Council has engaged community members and representatives from a diverse group of community, social, and health service agencies that invested over 250 hours in planning, education, and discussion around health priorities which would warrant action in Malheur County. As we move into the process of implementing a Community Health Improvement Plan, we are hopeful for the continued support of Greater Oregon Behavioral Health (GOBHI) and Eastern Oregon Coordinated Care Organization (EOCCO) to make an impact on health outcomes for our diverse rural frontier community.

## MORROW COUNTY

### Partners

The Morrow County Community Advisory Council (CAC), to the Eastern Oregon CCO, first met in June, 2013. Since that time, the CAC group has chosen to include the Community Health Improvement Partnership (CHIP) group from 2010 as part of their CAC. There has been consistent participation on the part of representatives by a minimum of the following entities and individuals:

- Morrow County Commissioners (Judge Terry Tallman, Leann Rea and Roberta Lutcher)
- Morrow County Health Dept. (Sheree Smith; Diane Kilkenny; Shelley Wight, or Vickie Turrell)
- Columbia River Community Health Services (Mindy Binder)
- OHSU Extension; Families and Community Health (Jenny Chavez)
- Advantage Dental (Nikki Coe or Deanna Lambert)
- Morrow County School District (Dirk Dirksen or George Mendoza)
- Community Health Improvement Partnership/CHIP (Andrea Fletcher)
- Morrow County Health District (Dan Grigg or Dr. Betsy Anderson)
- Community Counseling Solutions (Kimberly Lindsay)
- City of Boardman (Karen Pettigrew)
- Murray's Drug (John Murray)
- Boardman Chamber of Commerce (Diane Wolfe)
- City of Irrigon (Aaron Palmquist)
- Department of Human Services (Heidi Zeigler)
- Heppner Chamber of Commerce (Sheryll Bates)
- Community Member (Donna Eppenbach, Irrigon)
- City of Lexington (Jean Brazell)
- City of Heppner (Kim Cutsforth)
- Morrow County VA Clinic (Kelly Holland or Linda Skendzel)
- Ione School Principal (Sarah Crane Simpson)
- Umatilla Morrow Head Start (Mary Lou Gutierrez, Erin Richards, Dan Daltoso or Cathy Wamsley)
- Department of Human Services, Self Sufficiency (Lolly Torres, Roberta Shimp, or Michelle Brunick)
- Good Shepherd/Boardman Pharmacy (Henry Zietterkob)

### Data Sources

There were numerous data sources utilized but this summary references only those which were used in the Morrow County 2013 Triangulation Report for the top three priority areas. Those data sources are:

- Maternal Risk Factors by County of Residence, Oregon, 2010 report
- Morrow County Public Health Annual Plan for 2012-2013
- Key Informant Interviews within the Latino population in the Boardman area
- Morrow County Epidemiological Data on Alcohol, Drugs and Mental Health for 2000 to 2012 (includes BHRFS, Oregon Healthy Teens Survey and Oregon Student Wellness Survey)

- 2013 County Health Rankings which includes 2010 Behavioral Health Risk Factors Data (BHRFS) and motor vehicle crash data.
- Oregon 2008 Criminal Justice System reports for DUI rates

### **Priority Needs**

Morrow County CAC gathered secondary data from Oregon Health Authority; BHRFS; the national County Health Rankings website; EOCCO needs assessment data summary (provided by Emerson Ong, Oregon Office of Rural Health); and their prior CHIP assessment process. The group additionally gathered primary data by conducting four focus groups and using community partners to complete Key Informant Interviews within the Latino population.

The gathered information was combined into a triangulation report by EOCCO staff. The triangulation report identified topic areas where there were multiple data sources. The triangulation report was provided to the CAC as a whole. At the November 7, 2013 CAC meeting, the group used a forced choice matrix to vote individually and privately on the priorities based on the triangulation report. The individual results of the forced choice matrix vote were then entered onto flipchart pages by the individuals themselves. The results were totaled and the priority areas identified are:

1. Maternal Risk Factors
2. Youth Mental Health
3. Alcohol and Drugs
4. Tobacco

The group has broken into subcommittees and will reconsider the number of working priorities based on the results of initial research.

## **SHERMAN COUNTY**

### **Partners**

The Sherman County Community Advisory Council (CAC) has had consistent participation by the following organizations since its inception in April, 2013:

- Mark Corey (Moro Medical Clinic)
- Amber DeGrange (Sherman County Juvenile Department)
- Dee Lane (Consumer)
- Tom McCoy (Sherman County Court)
- Barbara Seatter (Mid Columbia Center for Living)
- Teri Thalhoffer (North Central Public Health)

### **Data Sources**

#### Primary Data Sources

- “Community Health Needs Survey, Sherman County” 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Sherman County CAC.
- Community Participation Meeting conducted by Sherman County CAC members on September 23, 2013.

#### Secondary Data Sources

- “County Health Calculator,” 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.
- “County Health Rankings and Roadmaps – a Healthier Nation County by County,” 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute (includes 2010 Behavioral Health Risk Factors Data (BHRFS) and motor vehicle crash data.
- Eastern Oregon Coordinated Care Organization Data Sheet prepared by Emerson Ong, Oregon Office of Rural Health, April, 2013.
- Oregon 2008 Criminal Justice System reports for DUI rates.
- Oregon Office of Rural Health Data for Health Professional Shortage Areas.
- “Oregon Smile Survey,” Oregon Health Authority, 2012.

- “Prevention Chronic Diseases and Reducing Health Risk Factors,” 2013. Centers for Disease Control and Prevention. CDC 24/7: Saving Lives. Protecting People.
- “Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.
- “Tobacco Fact Sheet by County,” Oregon Health Authority, 2013.
- “Sherman County Epidemiological Data on Alcohol, Drugs, Mental Health, 2000-2012.” Addictions and Mental Health Services (includes BHRFS data, Oregon Healthy Teens and Student Wellness surveys).

### **Priority Needs**

EOCCO staff supported the Sherman County LCAC in refining a draft needs assessment document. The needs assessment was mailed as a household survey to approximately 700 county households.

The Sherman County CAC group chose to host a community participation meeting rather than doing key informant interviews. The meeting and dinner drew 26 people who generated a long list of items which were then prioritized.

The gathered information was combined into a triangulation report by EOCCO staff. The triangulation report identified topic areas where there were multiple data sources. The triangulation report was provided to the CAC as a whole. At the November 19, 2013 CAC meeting, the group used a forced choice matrix to vote individually and privately on the priorities based on the triangulation report. The identified priorities are:

1. Mental Health
2. Clinicians and Access
3. Alcohol and Drugs
4. Dental Access.

## UMATILLA COUNTY

### Partners

Beginning in 2011, the Umatilla County Community Health Partnership (UCCHP) met to initiate the first collaborative countywide health assessment. In the years leading up to this assessment, numerous agencies had been routinely completing varying degrees of assessments to assist in identifying the needs of county residents. The catalyst for this new, collaborative countywide assessment project occurred during a community coalition meeting to discuss the development of a free medical clinic. The coalition group rapidly recognized—and ultimately recommended—that a comprehensive community health assessment was needed in order to proceed with the project. The assessment of Umatilla County was conducted with significant input from individuals and agencies throughout the community. Partners who were consistently involved (attended the majority of the meetings include: St. Anthony Hospital, Umatilla County Public Health, Community Action Program of Central East Oregon (CAPECO), Good Shepherd Health Care System, Clearview Mediation Disability Resource Center, Mirasol Family Health Center, Oregon Childhood Development Coalition (OCDC), Umatilla-Morrow Head Start Inc., Lifeways, Yellowhawk Tribal Health Center, and the Department of Human Services – District XX.

After receiving the results of the 2011 assessment, it was apparent a significant group of the county's population was underrepresented in the survey. Nearly one-quarter of the county's population is identified as Hispanic and partners felt it was essential to have an accurate representation of this population as they moved forward in utilizing the data obtained through the health assessment to create a Community Health Improvement Plan (CHIP). Partners listed above as well as the Migrant Health Promotion conducted a second health assessment focusing on the Hispanic population.

### Data Sources

#### Primary Data Sources:

- 2011 Umatilla County Community Health Assessment
  - o Self-administered survey of adults using structured questionnaire
    - Survey questions based on CDC national survey and Behavioral Risk Factor Surveillance System (BRFSS)
- 2012 Umatilla County Community Hispanic Health Assessment
  - o Self-administered survey of adults using structured questionnaire
    - Survey questions based on CDC national survey and Behavioral Risk Factor Surveillance System (BRFSS)
- 2012 & 2013 Key Informant Meetings/Community Input Meetings
  - o Hermiston, Milton-Freewater, Pendleton

#### Secondary Data Sources:

- 2010 US Census Data
- Oregon Health Authority data as listed with each priority.

### Priority Needs

The Partnership formed a strategic planning group after the presentation of the results of the general adult survey of the county CHA in the spring of 2012. This group reviewed feedback from the community events and the results of the survey of the adults of the households

throughout Umatilla County. Utilizing data from the survey and feedback from community meetings, each member then listed their top five priorities using the “Identifying Key Issues and Concerns Worksheet.” Participants made their choices based the following criteria: percentage of population most at risk, age group most at risk and gender most at risk.

A master list of the key concerns was compiled. Members were then asked to rank the issues on the master list using the “Ranking of Key Concerns” worksheet. Each key issue was given a score from 1 to 10 in three areas (magnitude of issue, consequence of issue and most feasible to correct). The averages of the scores were as follows: Obesity: 28.4, Tobacco: 26.8, Diabetes/Asthma-Chronic Disease: 26.4, Addiction: 26.25, Mental Health: 24.2, and Access to Care: 23.4. It is recognized that each of these areas are important. However, in order to make the greatest impact, the group decided to set the top three (Obesity, Tobacco, and Chronic Disease) as priorities and the primary focus for strategic planning.

Based on the data gathered by the Health Assessments and the strategic planning group, the top three health needs in Umatilla County are to decrease obesity, decrease tobacco usage and decrease chronic disease rates. UCCHP and the community coalitions intend to use strategies to address each of this issues which are evidence based or categorized as identified promising practices.

#### *Decrease Obesity*

- 67% of Umatilla county residents as overweight or obese based on BMI.
- Over three-fourths (76%) of Hispanic adults were classified as overweight or obese.
- 32% of adults were classified as obese compared to the state and national average of 28%.
- Only 56% of adults met the CDC recommendations for physical activity
- 7% of adults ate 5 or more servings of fruits and veggies each day.
- Decreasing BMI leads to many improved health outcomes including lower risk of heart attack or stroke.

#### *Decrease Tobacco Use*

- 18% of the population identified as current smokers while the state average was 15%.
- 2,629 Umatilla County residents suffer from a serious illness caused by tobacco use
- \$25 million is spent on medical care for tobacco related illnesses in Umatilla County.
- Tobaccos use is the most preventable cause of disease and early death (American Cancer Society, 2011). Estimates indicate 1 in 5 deaths in the U.S. are tobacco related.

#### *Decrease Chronic Disease (Diabetes/Asthma)*

- 13% of Umatilla County adults had been diagnosed with diabetes (state average is 8%)
- Of those diagnosed with diabetes, 86% were obese or overweight.
- Leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults as well as a major cause of heart disease and stroke.
- One-fifth (20%) of the population has an asthma diagnosis (state average is 16%).
- One important factor which may trigger an asthma attack is second hand smoke.

By focusing on these three health priorities through use of evidence based practices, Umatilla County hopes to have identifiable change when the next health assessment is conducted in 2014. Already the results of the health assessments have been used to implement strategies to improve the health of the county as well as decrease medical expenses. While there is much work to do, the assessment process has provided Umatilla County with data and helped to formulate goals to move forward in achieving the triple aim.

## UNION COUNTY

### Partners

The Union County Community Advisory Council (CAC) has had consistent participation by the following people, since its inception in April, 2013:

Cheryl Abel, Member Representative  
Carrie Brogoitti, CHD, Public Health Administrator  
Bob Coulter, Independent Pharmacist and Pharmacy owner  
Margaret Davidson, Executive Director of Community Connections (Senior Programs)  
Dwight Dill, CHD CEO  
Andrea Galloway, orchardist  
Brian Kruse, DMD

Steve McClure, County Commissioner  
Kim Montee, MD  
Matt Nightengale, NEON a nonprofit organization  
Chris Panike, La Grande School District Business Director  
Paul Shorb, Senior Director of Physician Services, Grande Ronde Hospital  
David Still, retired mental health administrator and Red Cross volunteer counselor

### Data Sources

#### Primary Data Sources

- “Community Health Needs Survey, Union County” 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Union County CAC.
- Key Informant Interviews conducted by Union County CAC members in August and September, 2013.

#### Secondary Data Sources

- “2013 Areas of Unmet Health Care Need in Rural Oregon Report,” Oregon Office of Rural Health.
- “Community Health Needs Assessment,” Grande Ronde Hospital, April, 2013.
- “Community Health Needs Focus Groups: Working Families,” NEON 2012 for Grande Ronde Hospital.
- “County Health Calculator,” 2013. Robert Wood Johnson Foundation and the Virginia Commonwealth University Center on Human Needs.
- “County Health Rankings and Roadmaps – a Healthier Nation County by County,” 2013. Robert Wood Johnson Foundation and University of Wisconsin – Population Health Institute (includes 2010 Behavioral Health Risk Factors Data (BHRFS) and motor vehicle crash data.
- Eastern Oregon Coordinated Care Organization Data Packet prepared by Emerson Ong, Oregon Office of Rural Health, April, 2013.
- Maternal Risk Factors by County of Residence, Oregon, 2010 report.
- “Needs Assessment Primary Data,” NEON 2010-2012.
- Oregon 2008 Criminal Justice System reports for DUI rates.
- Oregon Office of Rural Health Data for Health Professional Shortage Areas.
- “Oregon Smile Survey,” Oregon Health Authority, 2012.
- “Oregon Statewide Area Agency on Aging Report,” 2013.

- “Prevention Chronic Diseases and Reducing Health Risk Factors,” 2013. Centers for Disease Control and Prevention. CDC 24/7: Saving Lives. Protecting People.
- “Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis.
- “Tobacco Fact Sheet by County,” Oregon Health Authority, 2013.
- “Union County Epidemiological Data on Alcohol, Drugs, Mental Health, 2000-2010.” Addictions and Mental Health Services (includes BHRFS data, Oregon Healthy Teens and Student Wellness surveys).
- “Union County Healthy Start/Healthy Families Semi-Annual Outcome Report FY 2012-2013.”
- “Union County Community Health Assessment and Community Health Improvement Plan,” 2013, Center for Human Development.

### **Priority Needs**

EOCCO staff supported the Union County LCAC in refining a draft needs assessment document. The needs assessment was mailed as a household survey to approximately 1200 county households.

The Union County CAC group developed Key Informant Interview Questions and ran a test sample of 9 participants before finalizing the questionnaire for use by the entire CAC group in surveying a diverse group (age, income and community of residence) of 25 Union County residents.

The gathered information was combined into a triangulation report by EOCCO staff. The triangulation report identified topic areas where there were multiple data sources. The triangulation report was provided to the CAC as a whole. At the November 19, 2013 CAC meeting, the group used a forced choice matrix to vote individually and privately on the priorities based on the triangulation report. Due to there being only 7 people in attendance, the group solicited participation by the rest of the committee and then the individual totals were added together for each potential priority area. The identified priorities are:

1. Children’s Health Promotion/Education
2. Alcohol and Drug
3. Social Determinants of Health
4. Obesity and Overweight

The LCAC plans on doing initial research in each area and may decide to narrow their focus to fewer topics in January.

## WALLOWA COUNTY

### Partners

Historically Wallowa County had two advisory boards, appointed by the county commissioners who met quarterly on mental health (MH) and alcohol and drug issues (A&D). These were called the MHAD and LADPAC respectively. The county commissioners agreed to have one advisory board represent both areas. Beginning in 2013 the CCO Advisory Committee (now called the Wallowa County Local Citizens Advisory Council (WC-LCAC)) was also wrapped into this group and began meeting to discuss health needs in the community.

Various individuals and agencies from throughout the community participated in the assessment of Wallowa County. Partners who consistently attended the WC-LCAC meetings include representatives from: Olive Branch Family Health, Wallowa County Commissioners, Building Healthy Families, Winding Waters Clinic, Wallowa County Commission on Children and Families, Wallowa Mountain Medical, Wallowa Valley Center for Wellness, Wallowa Resources, Safeway Pharmacy, Northeast Oregon Network (NEON), Wallowa County Youth Services, Wallowa ESD, Wallowa County Health Department and DHS-Services for Aging and People with Disabilities.

### Data Sources

- NEON 2010-2011 Needs Assessment Primary Data
- Wallowa County Epidemiological Data on Alcohol, Drugs and Mental Health
- Commission on Children and Families 2011-2012 Survey
- EOCCO Data Packet
- OR Smile
- Office of Rural Health Data
- Wallowa Health District Assessment
- Statewide Area Agency on Aging Report
- Healthy Start/Health Families Semi-Annual Outcome Report FY 2012-2013
- Wallowa County Tobacco Fact Sheet for 2013
- CAC Domains of Health Activity
- Town Hall Meetings
- Household Survey

### Health Priorities

26 People Responded to the online “forced choice matrix” and the results are as follows:

Children's Promotion/Protection and Education	194
Mental Health	177
Alcohol and Drugs	164
Dental Access	152
Obesity/Overweight	145

Social Determinants of Health	124
Access to Recreational Facilities	116
Heart Disease and Related Factors	105
Clinicians and Access	103
Tobacco	78
Nursing Home as Compared to Assisted Living - Community Perceptions	54

Wallowa County chose Children’s Promotion/Protection and Education as a primary priority area with secondary priorities of Mental Health, Alcohol and Drugs, Dental Access and Obesity/Overweight with consideration given to their impact on children’s overall wellness. The various assessments highlighted that all of these areas have a significant impact on children’s wellness.

By focusing on these health priorities through the use of evidence based practices, Wallowa County hopes to make a sustainable, measurable impact on children’s health.

## **WHEELER COUNTY**

### **Partners**

The Wheeler County Community Advisory Council (CAC) has had participation by the following since its inception in April, 2013:

- Dan Allen, Physician Assistant at Asher Community Health Center
- Cindy Burlingame, Wheeler County Juvenile Director
- James Carlson, Director of QA and Planning, Asher Community Health Center
- Cathy Goldsmith, Counselor, Community Counseling Solutions
- Candy Humphreys, Chair of the Board, Asher Community Health Center
- Rebecca Humphreys, Children’s Protective Services
- Anne Mitchell, Wheeler County Commissioner
- Kim Williams, North Central Education Service District
- Two OHP recipients attended some meetings

Staff partners: EOCCO/GOBHI: Paul McGinnis, Sandy Ryman, and Linda Watson.  
OHA Transformation Center: Estela Gomez

### **Data Sources**

#### Primary Data Sources

- “Community Health Needs Survey, Wheeler County 2013. Conducted by the Eastern Oregon Coordinated Care Organization under the direction of the Wheeler County CAC. The needs assessment was mailed as a household survey to approximately 600 county households. One hundred fifty questionnaires were returned, a 25% return rate.
- 3 Community Listening Sessions conducted by Wheeler County CAC members assisted by GOBHI in August and September, 2013 in Fossil, Spray, and Mitchell
- 2007—Wheeler County Phone Survey on Medical and Dental Needs
- 2009—Asher Community Health Center Patient Satisfaction Survey
- 2012—Asher Community Health Center Patient Satisfaction Survey
- 2012—Asher Community Health Center Patient Satisfaction with Physical Therapy Services
- 2013—Participant Survey for Stanford Living Well Classes
- 2013—Susan G. Komen for the Cure mammogram bus survey
- 2012-2013—Phone calls to every Wheeler County household, primarily focused on women’s health care needs

- 2007-13—Mitchell School Based Health Center Annual student satisfaction survey with school-based health services

### Secondary Data Sources

- “2013 Areas of Unmet Health Care Need in Rural Oregon Report,” Oregon Office of Rural Health
- Eastern Oregon Coordinated Care Organization Data Packet prepared by Emerson Ong, Oregon Office of Rural Health, April, 2013
- Oregon Office of Rural Health Data for Health Professional Shortage Areas
- 2012 Early Childhood Needs Assessment conducted by North Central Education Service District Early Childhood Program
- 2012 Behavioral Health Needs Assessment conducted by Community Counseling Solutions
- 2001 Healthy Communities Action Plan conducted by Wheeler County Public Health county-wide workgroup and key informants
- “Oregon Smile Survey,” Oregon Health Authority, 2012
- “Quick Facts,” January 2013. Oregon Department of Human Services; Children, Adults and Families Division. Office of Business Intelligence and the Office of Forecasting, Research and Analysis
- “Tobacco Fact Sheet by County,” Oregon Health Authority, 2013

### **Priority Needs**

The gathered information was combined into a triangulation matrix by EOCCO staff. At the December 2, 2013 CAC meeting, the group used a forced choice matrix to vote individually and privately on the priorities based on the triangulation report. The identified priorities are:

1. Prevention
2. Community Awareness
3. Alcohol and Drugs
4. Mental Health

There was general concurrence that these areas affect all or most health care providers and social service agencies in Wheeler County and also affect the community as a whole. The fact that the Wheeler County CAC has identified these overarching community needs does not, however, lessen the need for individual agencies to address needs within their mandate, such as early childhood development programs or management of chronic diseases.