

MORROW COUNTY HEALTH ASSESSMENT

2021



Executive Summary

The Community Health Improvement Partnership (CHIP) of Morrow County, consisting of local health care providers, human services and community partners convened to form a rural health network and worked collaboratively to conduct a community-driven health needs assessment of the entire county beginning in 2010. The goal was to collect information that would identify gaps in access to health care services and the health status of county residents. The network was soon enthusiastically joined by representatives from other public service agencies, city/county/state government leadership and programs, law enforcement, education, recreation, agri-business, faith communities, transportation and local chambers of commerce to become a multi-disciplinary partnership of over 30 members.

In response to healthcare transformation in Oregon, the Morrow County Court appointed organizational and consumer members to serve specifically on the Local Community Advisory Council (LCAC) to the Eastern Oregon Coordinated Care Organization in 2013. The LCAC compliments and supports the CHIP mission and also examines the specific needs of people served by coordinated care.

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources, and originally served as the community coordinator in cooperation with the Oregon Office of Rural Health.

The assessment methodology was selected because it was developed specifically for rural communities and had been used successfully the twenty years previous. The process was beneficial because it granted the community the ability to identify local needs and plan strategically to address them without an overly burdensome financial cost. Prior findings are reported in the 2012, 2015 and 2018 Morrow County Community Health Assessments.

2021 Health Assessment

Secondary data was reviewed and reported, including additional data and information on special populations. Due to the impact of COVID-19 pandemic, review of COVID-19 outcomes and student wellness will be completed during 2022.

A public presentation of the data was made to the joint Eastern Oregon Coordinated Care Organization Community Advisory Council (CAC) and Community Health Improvement Partnership to solicit public input, approve the document and order priorities. Attachment 1 - CHIP/CAC Participant List. A second public presentation was made the Morrow County Health District Board of Directors for review, input and approval.

Additionally, the document was available to the public for review. One public comment was received suggesting that a catalog of health and human resources be contained in the document.

The Community Health Improvement Partnership of Morrow County and Local Community Advisory Council utilized collective professional experience and community input to consider the areas of need, or conversely areas of satisfactory health. Overall, the general population health status had not changed significantly since the 2018 review. The leading causes of death remained the same, and the health or risk behaviors that contributed to good or poor health outcomes remained similar (overweight, tobacco use, blood pressure and cholesterol control and preventive screenings) to the degree that programs and services supporting chronic disease management and health promotion and disease prevention remain important.

However, maternal depression rates for Oregon Health Plan participants in the Eastern Oregon Coordinated Care Organization (EOCCO) 12-county region and women in general in Oregon, are at a level that was concerning and “reported” good general health and good mental health days seem to be trending negatively.

It was also recognized that additional health planning and resources for special populations (Hispanic, low-income and older adults) will be required in the near and distant future and there are areas where addressing social determinants could also improve health.

Areas of Priority: Continue to improve communication with the community and improve communication and coordination among the health service providers, and provide education, programs and services to promote healthy lifestyles. Additionally, address: maternal and family health, youth mental health, alcohol/drug/tobacco use, oral health, chronic disease, health-related workforce, and housing and food security needs in partnership with the EOCCO and Community Advisory Council.

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INTRODUCTION

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In response to healthcare transformation in Oregon, the Morrow County Court appointed organizational and consumer members to serve specifically on the Local Community Advisory Council (LCAC) to the Eastern Oregon Coordinated Care Organization in 2013. The LCAC compliments and supports the CHIP mission and also examines the specific needs of people served by coordinated care.

Together, the CHIP/LCAC continue to conduct health assessments and present the findings to community partners for public input. Prior findings were reported in the 2012, 2015, 2018 Morrow County Community Health Assessments.

QUALIFYING INFORMATION

The Assessment identifies many critical issues pertaining to community health, but it is not inclusive of all health-related issues. As a result, it should not be considered a formal study or research document.

Most data, with the exception of health statistics, are estimated by obtaining a sampling of the population and so subject to some sampling error, which includes truthful participant bias or user interpretation bias.

When county level or regional data are not available, national or Oregon state-wide data are provided to illustrate trends, especially among vulnerable populations that experience inequities and disparities. However, it is important to note that these rates or trends may not necessarily reflect the reality of those populations in our county and further data collection is necessary.

GEOGRAPHIC DESCRIPTION

Morrow County is located in the north central part of Oregon and east of the Cascade Mountains. The incorporated areas of Morrow County include the towns of Boardman, Irrigon, Heppner, Lexington and Ione. The elevation varies from 250 feet on the Columbia River to nearly one-mile elevation in the Blue Mountains. The county land area encompasses 2,032 square miles. Morrow County contains more than one million acres of gently rolling plains and broad plateaus to forested lands.

This rich agricultural land can be roughly divided into three occupational zones - increasing amounts of irrigation farming in the north; vast fields of dryland crops yielding to cattle ranches in the center; and timber products in the south. It is bound by the Columbia River on the north, Umatilla County to the east, Grant County and Wheeler County to the south, and Gilliam County to the west.

HEALTH SERVICE AREA DESCRIPTION

Direct health care services are available in Boardman, Irrigon, and Heppner, and a school-based/community health center in Ione.

Local medical providers also support some level of health care and social services to three of the surrounding frontier counties. Morrow County is designated as a Health Professional Shortage Area for primary medical, dental and mental health care, either geographically or service to the low-wage or migrant seasonal farmworker populations. The counties surrounding Morrow have population or geographic shortage designations for primary medical, dental and mental health care as well.¹

The Heppner and Ione communities are a forty-eight-mile drive over a two-lane state highway to the nearest larger health service area – Hermiston and seventy miles to Pendleton. Boardman, located in the north end of the county, is twenty-three miles away from Hermiston. Depending on your location within the county, Hermiston and Pendleton are the nearest access to obstetrical/prenatal care.

METHODOLOGY

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources and has served as the community coordinator throughout the assessments.

The service area was defined by the boundary of the county and the original assessment methodology was selected because it was developed specifically for less densely populated rural communities, had been used successfully over the past twenty years and supported by the Oregon Office of Rural Health. This process is extremely beneficial to rural areas as it grants the community the ability to identify local needs and plan strategically to address them utilizing a cost-effective strategy.

The following priorities for health resources and health status were established at the first county-wide community visioning meeting (2010-12):

Health Resource Priorities - urgent or extended hours care, communication and coordination, north county assisted living, school nurse, transportation, mobile dental van/access to oral health care services and visiting specialists.

Health Status Priorities - healthy lifestyle, illness and injury prevention, physical fitness infrastructure/ workout facility, alcohol/drugs/tobacco use, prenatal care, diabetes, cancer and safe water.

Over the course of several years and through strategic planning efforts, the following goals were agreed to by the Community Health Improvement Partnership:

1. Conduct community-based health assessment every three years.
2. Implement a communication plan to involve and educate all levels of the community.
3. Build a plan for financial sustainability through grant writing, in-kind donation and business support.
4. Lead and coordinate workgroups to implement strategies that promote healthy lifestyles.
5. Participate with the Local Community Advisory Council (LCAC) and support the Eastern Oregon Coordinated Care Organization to improve community outreach and health service coordination for Oregon Health Plan participants.

DATA AND INFORMATION

Demographic

During 2021, the population was estimated to be 12,011, and by specific geographic area indicate increased growth since 2010 and most significantly in the Boardman area.² This area also experienced increased growth of the Hispanic population - approximately 67% of the population identified as Hispanic origin compared to Irrigon (32%), Heppner (11%) and Oregon (14%).³

2019 Morrow County per capita income (\$48,605) was less than the state (\$53,191) and national (56,490) averages⁴. The 2020 county unemployment rate (5.2%) is lower than state and national rates (about 8%).⁵

The 15% percent of the population living below poverty is not drastically different from Oregon (13%). However, the population living below 200% percent of the federal poverty level is 44 % in Boardman, Irrigon (44%) and Heppner (33%), all of which are greater than the state's (31%). For children below the age of 18, Boardman has a higher rate of poverty (33%) when compared to other county areas; Heppner (10%), Irrigon (19%) and Oregon (17%).⁶

Twenty-four percent of the population older than 5 years of age, speaks English less than very well in Boardman, (Oregon 6%) and nearly 33% percent of this geographic area does not have a high school diploma compared to Oregon (9%).⁷

During 2020, between 63-94% percent of students in the north end and 36% of students in the south end of the Morrow County School District were enrolled in the free and reduced school lunch program.⁸

Population Health

Mortality

As Oregon's population both ages and increases in size, the annual number of deaths generally trends upward.⁹

Age-adjusted Death Rate 2011-2017



Age-adjusted death rate is a standardized measure of deaths that allows for communities with different age structures to be compared. The potential confounding effect of age is reduced when comparing age-adjusted rates as opposed to crude death rates.

| Location | Rate* |
|---------------|---------------|
| Morrow County | 655.6/100,000 |
| Oregon | 711.6/100,000 |

*County and state rates are not statistically different ¹⁰

During the 20th century, with the notable exception of the great influenza pandemic of 1918–1919, heart disease was consistently the leading cause of death among Oregonians. In the 21st century however, cancer emerged as the leading cause of death.

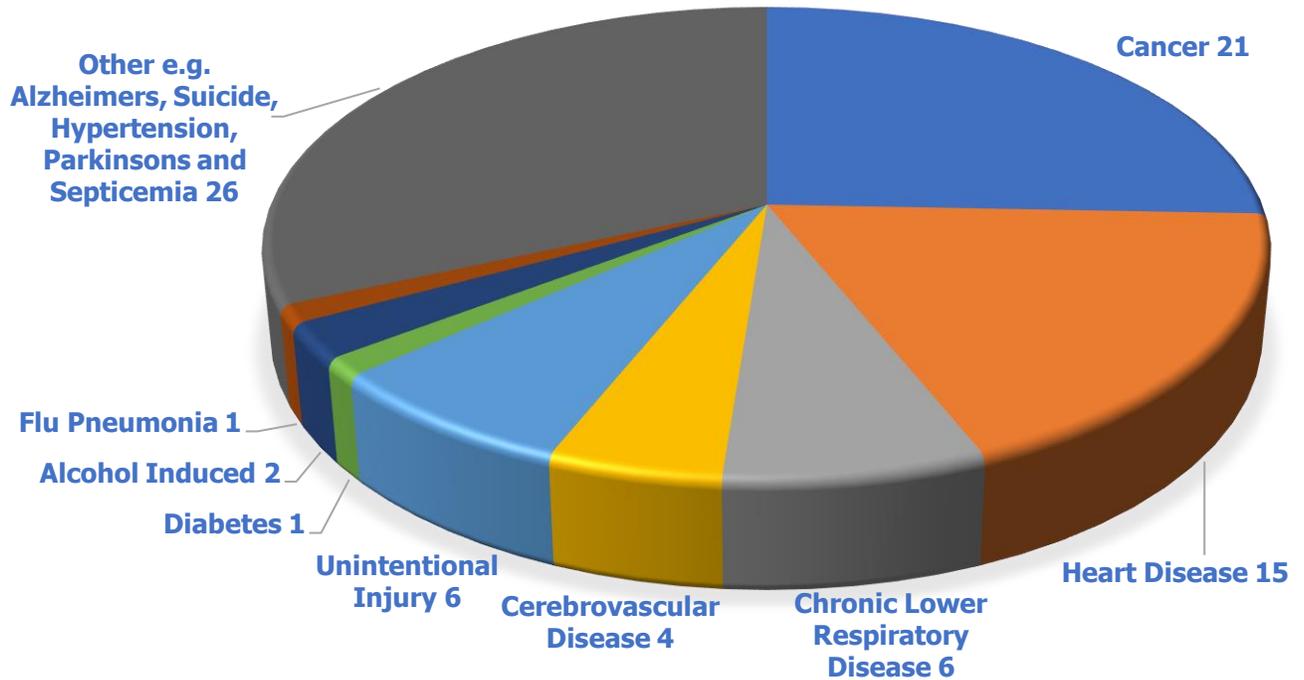
The change during the 21st century was not the result of an increasing cancer death rate, but rather a declining heart disease death rate. In fact, the malignant neoplasm death rate trended downward in the previous 25 years, but the heart disease death rate fell more rapidly.¹¹

Mortality Continued

Leading Causes of Death Morrow County and Oregon 2013 – 2017 ¹²

Cancer
Heart Disease
Unintentional Injury
Cerebrovascular and Chronic Lower Respiratory Diseases

**AVERAGE NUMBER OF DEATHS PER YEAR
2013-2017**



Mortality Continued

Tobacco-Related Deaths

There were 91 deaths in Morrow County in 2019; fifteen of these deaths were linked to tobacco.

Tobacco use affects all Oregonians and is the number-one cause of preventable death and disease in Oregon. Each year in Morrow County, 450 people are estimated to experience a serious illness linked to tobacco use and costs over \$4 million in medical expenses.¹³

Cancer Deaths

Cancer was the leading cause of death in Oregon and Morrow County for the period of 2014-2018. The mortality rate (ratio of people dying from cancers) for Morrow County was 142.9/100,000; Oregon's rate was 156.8/100,000. Only seven Oregon counties had lower rates.¹⁴

Morbidity (Chronic Disease or Condition)

Cancer Diagnosis

CANCERS HAVE MANY DIFFERENT CAUSES -
LIKE SMOKING AND LUNG CANCER

MANY ARE UNKNOWN

IT IS A COMBINATION OF
INDIVIDUAL BEHAVIOR, GENETIC PREDISPOSITION,
OR ENVIRONMENTAL FACTORS THAT DETERMINE
WHETHER OR NOT A PERSON DEVELOPS CANCER

Population Health
Morbidity (Chronic Disease or Condition)



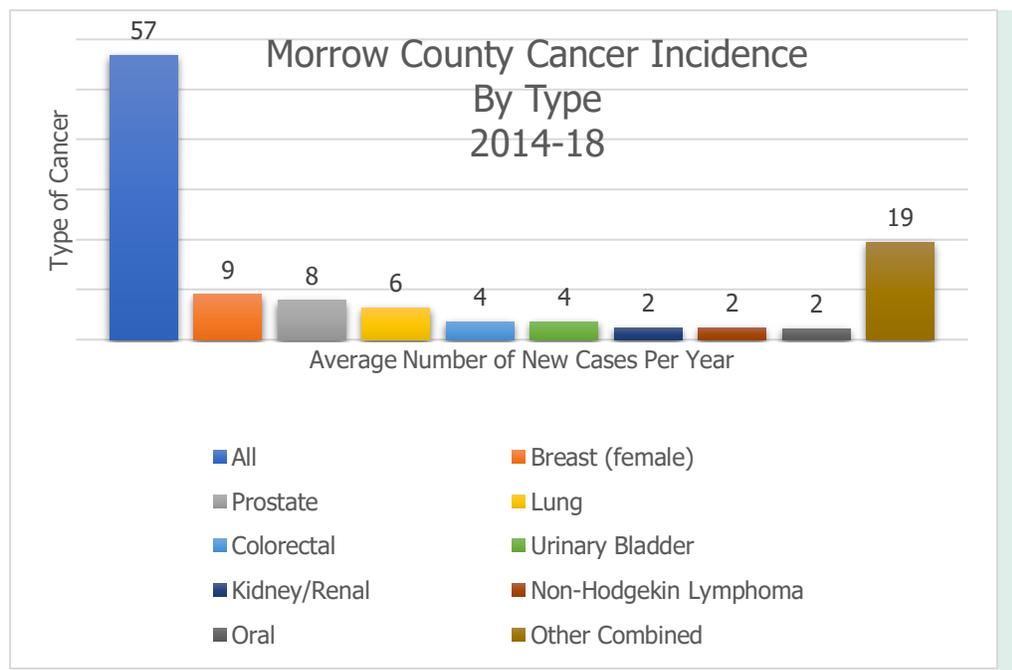
Preventive measures could substantially reduce the number of new cancer cases and prevent many cancer-related deaths. To reduce burden, we must reduce behavioral and environmental factors that increase cancer risk and ensure that high-quality screening services and evidence-based treatments are available and accessible to everyone.

Cancer Incidence

For the period of 2014-2018. The Morrow County incidence rate (new cases of cancer) was 422/100,000; Oregon’s rate was 428/100,000.

284 cases were diagnosed during the years 2014-2018, which is an average of 57 new cases per year.¹⁵

CANCER RISK IS RELATED TO AGE. OVER 50% OF CANCERS OCCUR IN PEOPLE OVER AGE 65. DUE TO PUBLIC HEALTH EFFORTS AND ADVANCES TO MEDICAL CARE THAT CONTRIBUTE TO INCREASING THE AVERAGE AGE OF THE POPULATION, WE CAN EXPECT TO OBSERVE MORE CASES OF CANCER.



Morbidity (Chronic Disease or Condition) Continued

One or More Chronic Condition

For the period 2014-2017, approximately 54% of the Morrow County adult population (4,700 people) were estimated to be living with at least one chronic condition, which is similar to the state of Oregon (54%).¹⁷

Arthritis

For the period 2014-17, approximately 27% of adults in Morrow County (2,400) were estimated to have some form of arthritis. The estimate for Oregon is 24%.¹⁸

Diabetes

Diabetes is a chronic metabolic disease in which glucose (sugar) levels in the blood are above normal. High blood sugar occurs when the body does not produce enough insulin (type 1), or when the body resists and does not properly respond to insulin (type 2). It is estimated that 90 –95% of adults with diagnosed diabetes are classified as having type 2 diabetes, which is largely preventable.

Oregon is faced with an alarming increase in obesity and diabetes. The prevalence of diabetes among adults in Oregon has more than doubled — an increase of 124% — over the past 20 years. There are approximately 287,000 adults with diagnosed diabetes in Oregon and an estimated 110,000 adults with diabetes who do not know it. The burden of obesity and diabetes will continue to increase unless fundamental changes occur to reverse these trends.¹⁹

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the U.S. Census Bureau's Population Estimates Program were used to obtain county-level estimates of diagnosed diabetes. This estimated burden of diabetes occurring in adults living in Morrow County increased annually from 6.5 - 16.6 percent during the period 2004-2017.²⁰

People with diabetes are 2 to 4 times more likely to have heart disease or a stroke.

Certain risk factors can worsen diabetes and diabetes-related complications, and contribute to the development of other chronic diseases like heart disease and stroke.

Among Oregon adults with diabetes, about

 1 in 2 is obese.

 1 in 4 smokes cigarettes.

 2 in 3 have high blood pressure.

 1 in 2 have high cholesterol.

 1 in 4 is physically inactive.

Morbidity (Chronic Disease or Condition) Continued

Other Chronic Diseases

Based on a small population size or number of events, rates can fluctuate widely between different populations, or from year to year, for reasons other than a true difference in the underlying number of events.

So, the prevalence (number of cases at a particular time) of asthma, heart attack, stroke and cardiovascular, chronic obstructive pulmonary or coronary heart disease is not reported by the CHIP in Morrow County, as it is potentially statistically unreliable. Therefore, rather than relying on prevalence rates, it becomes important to examine behaviors or underlying causes that contribute to the development of these conditions.

Modifiable Risk Factors:

- **High Blood Pressure**
- **High Cholesterol**
- **Tobacco Use**
- **Diabetes Control**
- **Poor Diet and
Physical Activity**
- **Overweight/Obesity**

**It is critical to address
risk factors early in life to
prevent the potential
devastating complications
of chronic disease!**

Population Health

Modifiable Health Behaviors

High Blood Pressure

During the years 2014-17, approximately 3,600 Morrow County residents were burdened with high blood pressure. If left unmanaged uncontrolled high blood pressure can lead to heart disease and stroke.²¹

High Cholesterol

For the periods 2012-15 (Morrow County 66%, Oregon 73%)²² and 2014-17 (Morrow 71%, Oregon 77%)²³ Morrow County and Oregon observed an increase in the percentage of adults who had cholesterol checked within the past five years, which is an improvement, yet, the county still lagged behind the state rate.

Tobacco Use

Tobacco use remains the number one cause of preventable death and disease in Oregon and causes cancer, heart disease, stroke, lung disease, diabetes and chronic obstructive pulmonary disease. People who quit using tobacco products greatly decrease their risk for disease development and early death.²⁴

According to Behavioral Risk Factor Surveillance System (BRFSS) 2014-17 data, approximately 30% of the adult population living in Morrow County use tobacco products, which include: cigarettes, cigars, hookah, vape electronic cigarettes and/or use smokeless tobacco. Approximately 1,500 adults smoke cigarettes regularly. The reporting numbers are small so these figures should be used with caution and only to generate discussion and raise awareness.²⁵



Modifiable Health Behaviors Continued

Overweight/Obesity

Obesity is a major risk factor for the development of chronic conditions such as high blood pressure and high cholesterol, and for chronic diseases such as diabetes, heart disease, cancer and stroke. Overweight and obesity is another leading cause of preventable death in Oregon.

From 2012-2015 the burden of obesity was estimated at over thirty-two percent of residents, which is the equivalent of 2,900 people.²⁷

From 2014-2017, the estimate increased to 37% (3,200 people).²⁸

Increase the availability of healthy foods and beverages in child care facilities, schools, worksites and neighborhoods;

Increase places where people can move more safely;

Increase the number of environments that are tobacco-free;

Increase referrals to self-management programs so that people with chronic disease can live well and take care of themselves.

One or More Risk Factors

It is estimated that during (2012-2015) 7,400 people in Morrow County exhibited one or more risk factors for developing a chronic disease (current cigarette smoking, current smokeless tobacco user, high blood pressure, high blood cholesterol, no physical activity outside of work within past month or obese)²⁹

It is estimated that during (2014-2017) 7,500 people in Morrow County exhibited one or more risk factors).³⁰

Modifiable Health Behaviors Continued

Preventive Screening³¹

BRFSS preventive screening data collected and reported at the county level is statistically unreliable due to small numbers of reporting, therefore not contained the health assessment.

Colorectal cancer screening is the process of looking for cancer or pre-cancer in people who have no symptoms of the disease. Regular colorectal cancer screening is one of the most powerful tools against colorectal cancer. It can often detect cancer early, when it's small, hasn't spread, and might be easier to treat. A polyp can take as many as 10 to 15 years to develop into cancer and with screening, doctors can find and remove polyps before they have the chance to turn into cancer.³²

Cholesterol screening is recommended for adults about every five years and will report your cholesterol levels, which is important because a person usually has no signs or symptoms. The only way to know whether you have high cholesterol is to get your cholesterol checked. Your health care team can do a simple blood test to measure your cholesterol levels. Cholesterol levels represent one of many factors affecting cardiovascular health and your health care practitioner will look at your cholesterol numbers, along with your family history, age, gender, and other parts of your lifestyle or health, such as smoking, that could raise your risk.³³

Pap test for women ages 21-65 (with cervix) is a screening that looks for precancers and cell changes on the cervix that might become cervical cancer if they are not treated appropriately.³⁴

A **mammogram** is an X-ray of the breast. For many women, this is the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. Other important tools are the breast self-exam and clinical breast examination, and a woman should discuss options with their health care practitioner.³⁵

Modifiable Health Behaviors Continued

Preventive Immunization

Flu Shot and Zoster (Shingles) Vaccination 2019-2020³⁶

| Age Range | Percent of Morrow County Adults Receiving Influenza Vaccination | Percent of Oregon Adults Receiving Influenza Vaccination |
|-----------|---|--|
| 18-49 | 31.6% | 36% |
| 50-64 | 45.9% | 53.1% |
| ≥65 | 48.1% | 67.4% |

| Age Range | Percent of Morrow County Adults Receiving Zoster (Shingles) Vaccination | Percent of Oregon Adults Receiving Zoster (Shingles) Vaccination |
|-----------|---|--|
| 50-59 | 2.9% | 5.2% |
| ≥60 | 5.7% | 13.3% |
| 60-64 | 6.7% | 12.1% |
| ≥65 | 5.1% | 13.4% |

Vaccines are especially important for older adults. As you get older, your immune system weakens and it can be more difficult to fight off infections. You're more likely to get diseases like the flu, pneumonia, and shingles — and to have complications that can lead to long-term illness, hospitalization, and even death.

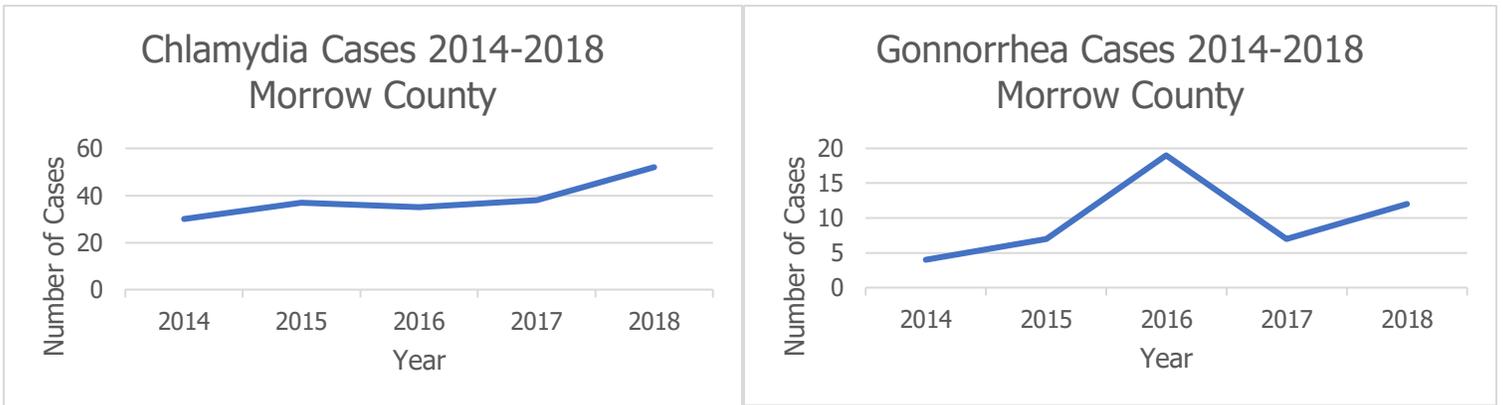
If you have an ongoing health condition — like diabetes or heart disease — getting vaccinated is especially important. Vaccines can protect you from serious diseases (and related complications) so you can stay healthy as you age.

Population Health

Morbidity (Communicable Disease)

Sexually Transmitted Disease Chlamydia

The most common reportable disease in Oregon and a major cause of infertility. Oregon law requires health care providers and laboratories to report Chlamydia cases to the local health department.³⁷



Sexually Transmitted Disease Gonorrhea

Untreated gonorrhea can cause serious and permanent problems in both women and men. In women, gonorrhea is a common cause of pelvic inflammatory disease (PID). About 1 million women each year in the United States develop PID. Women with PID do not necessarily have symptoms or signs. When symptoms or signs are present, they can be very severe and can include strong abdominal pain and fever. PID can lead to long-lasting pelvic pain and infertility. PID can cause infertility or damage the fallopian tubes enough to increase the risk of ectopic pregnancy. Ectopic pregnancy is a life-threatening condition in which a fertilized egg grows outside the uterus, usually in a fallopian tube

If a pregnant woman has gonorrhea, she may give the infection to her infant as the baby passes through the birth canal during delivery. This can cause blindness, joint infection, or a life-threatening blood infection in the baby. Treatment of gonorrhea as soon as it is detected in pregnant women will lessen the risk of these complications.³⁸

Strategies to prevent infection of STI/Ds:

- Delay age at onset of intercourse;
- Decrease the number of sex partners;
- Increase condom use;
- Rapidly find and treat new cases.

Population Health

Maternal and Child Health

On average, 169 births per year (506 total) occurred in Morrow County during 2015-2017.

During that period, 55 of the 506 births had not received adequate prenatal care.³⁹

Thirty of the 506 total births were low birth weight babies.⁴⁰

During 2015-17, there were 15 teen pregnancies (ages 10-17) and 5 were to Hispanic females.⁴¹

There were 41 induced abortions 2014-16. Thirty-seven women reported not using contraceptive.⁴²

| Medical or Health Characteristic | Date | Morrow County ⁴³ | Oregon ⁴⁴ |
|---|---------|-----------------------------|----------------------|
| Breast Fed | 2015-17 | 88% | 93% |
| Tobacco Use During Pregnancy | 2015-17 | 11% | 12% |
| Low Birthweight | 2015-17 | 6% | 7% |
| Medicaid/ Oregon Health Plan Payment Source | 2015-17 | 56% | 45% |

Low birthweight infants weigh less than 2,500 grams (5 pounds, 8 ounces) at birth.⁴⁵

| Demographic Risk Characteristic | Date | Morrow County ⁴⁶ | Oregon ⁴⁷ |
|---|---------|-----------------------------|----------------------|
| Unmarried | 2015-17 | 42% | 36% |
| Didn't Graduate High School or Earn GED | 2015-17 | 27% | 13% |
| Inadequate Prenatal Care | 2015-17 | 11% | 6% |
| First Trimester Care | 2015-17 | 64% | 79% |

Inadequate Prenatal Care is defined as receiving less than five prenatal care visits, or beginning care in third trimester.⁴⁸

First Trimester Care is defined as care beginning in the first 12 weeks of pregnancy, regardless of the number of prenatal care visits. It has been adopted as an Oregon benchmark with a goal that at least 90% of women begin care at that time.⁴⁹

Maternal and Child Health Continued

Maternal Depression for Participants in Eastern Oregon Coordinated Care Organization

A significant increasing trend of diagnosed maternal depression for females covered through the EOCCO was observed since 2013 and rates were consistently greater than Oregon.

| | 2013 EOCCO | 2013 Oregon | 2015 EOCCO | 2015 Oregon | 2017 EOCCO | 2017 Oregon | 2019 EOCCO | 2019 Oregon |
|--|---------------|----------------|---------------|----------------|---------------|----------------|---------------|----------------|
| Maternal Depression - % During Pregnancy | 22.1 | 19.8 | 23.7 | 19.9 | 28.9 | 20.10 | 28.9 | 20.10 |
| Maternal Depression - % Postpartum | 20.9 | 19.8 | 21.3 | 18.2 | 47.6 | 21.30 | 47.6 | 21.30 |
| % Depression during pregnancy or postpartum depression or both | 31.0 | 27.9 | 31.0 | 27.2 | 48.1 | 29.30 | 48.1 | 29.30 |

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Morrow County Behavioral Health Profile Oregon Health Authority Identified Mental Health or Substance Use Condition (Medicaid)

Percentage of Morrow Medicaid Population⁵¹

| | |
|--|-------|
| Children with mental health condition | 2.98% |
| Youth with mild to moderate mental health condition | 6.23% |
| Youth with identified substance use condition | 0.53% |
| Young adults with mild to moderate mental health condition | 3.13% |
| Young adults with serious mental health condition | 2.46% |
| Young adults with substance use condition | 1.34% |

Maternal and Child Health Continued

Immunization

Why Immunize?

The widespread implementation of childhood vaccination programs has substantially reduced the occurrence of many vaccine-preventable diseases. However, adults may be at risk for these diseases and their complications if they escaped natural infection or have not been vaccinated against diphtheria, tetanus, measles, mumps, rubella, varicella (chicken pox) and poliomyelitis.

Who Needs It?

Other vaccine-preventable diseases (hepatitis B, rabies, influenza, and pneumococcal disease) may pose a risk to persons in certain age, occupational, environmental, and life-style groups and those with special health problems.

Women of child-bearing age should be fully immunized to protect themselves and, in the case of pregnancy, their unborn child.

Travelers to some countries may also be at increased risk of exposure to vaccine-preventable illnesses.

Foreign students, immigrants, and refugees may be susceptible to diseases.

Standard of Care

A systematic approach to vaccination is necessary to ensure that every adult is appropriately protected against vaccine-preventable diseases. Every visit by an adult to a healthcare provider should be an opportunity to review and update immunization status. Healthcare providers and individuals should maintain detailed records about each person's vaccination history. The American Academy of Pediatrics, American Academy of Family Physicians and the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases recommend a series of immunizations to protect your children against vaccine-preventable diseases. Immunization is one of the safest and most effective ways to keep yourself, your family and your community healthy.⁵²

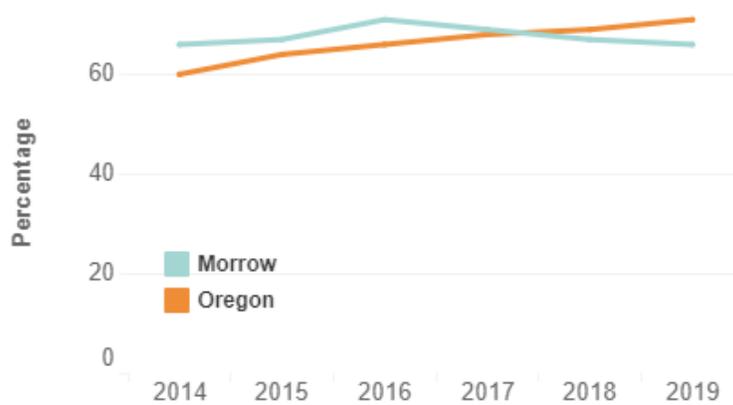
Maternal and Child Health Continued

Immunization

Vaccines are available for these 17 dangerous or deadly diseases. Over the years, these vaccines have prevented countless cases of disease and saved millions of lives. Infants, children, adolescents, teens and adults need different vaccinations, depending on their age, location, job, lifestyle, travel schedule, health conditions or previous vaccinations.⁵³

- [Chickenpox \(Varicella\)](#)
- [Diphtheria](#)
- [Flu \(Influenza\)](#)
- [Hepatitis A](#)
- [Hepatitis B](#)
- [Hib \(Haemophilus influenzae type b\)](#)
- [HPV \(Human Papillomavirus\)](#)
- [Measles](#)
- [Meningococcal](#)
- [Mumps](#)
- [Pneumococcal](#)
- [Polio \(Poliomyelitis\)](#)
- [Rotavirus](#)
- [Rubella \(German Measles\)](#)
- [Shingles \(Herpes Zoster\)](#)
- [Tetanus \(Lockjaw\)](#)
- [Whooping Cough \(Pertussis\)](#)

Childhood Immunizations, Morrow County and Oregon, 2014 to 2019



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Maternal and Child Health Continued

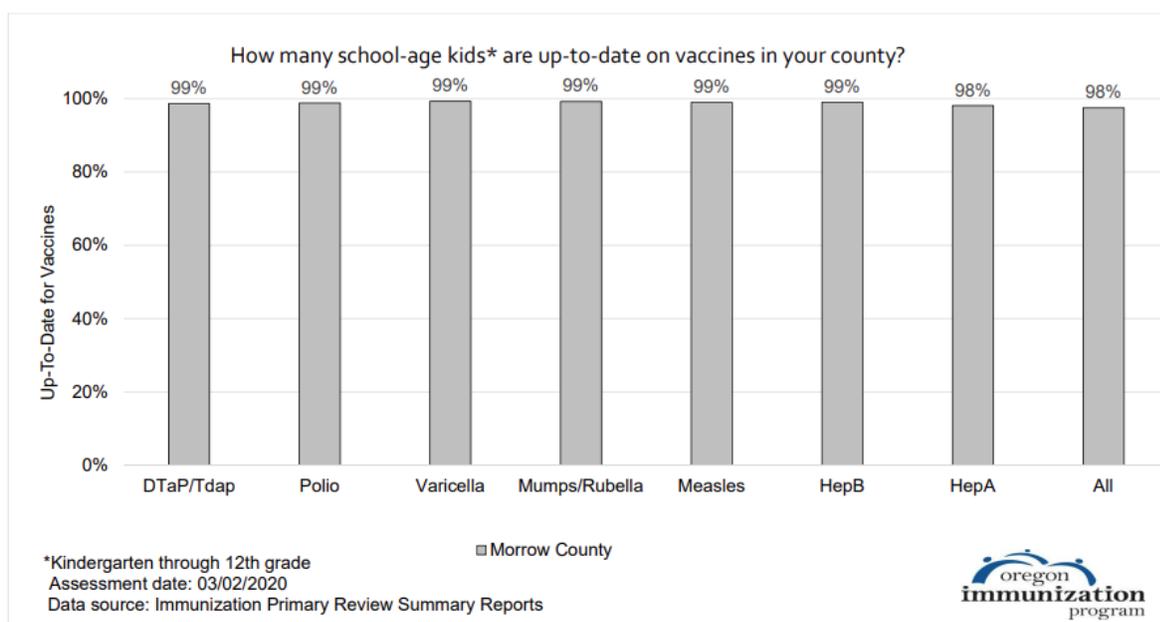
Immunization

Percent of two-year-old children up to date for the immunization series of DTaP, IPV, MMR, Hib, Hep B, and Varicella varied between 66% and 71% in Morrow County (2014 – 19).⁵⁵

In 2019, 94% of adolescents, ages 13-17, were up to date on the Tdap (Tetanus, Diphtheria, and Pertussis Vaccination)
78% received Meningococcal vaccine
21% received influenza vaccine in 2020⁵⁶

The aim for school immunization coverage is at least 95% of children to be immunized for community protection. When a very high percentage of children are vaccinated in a school or child care, this reduces the chance of spreading the disease among vulnerable individuals.⁵⁷

Kindergarten – 12th Grade Up-to-Date Vaccinations – Morrow County



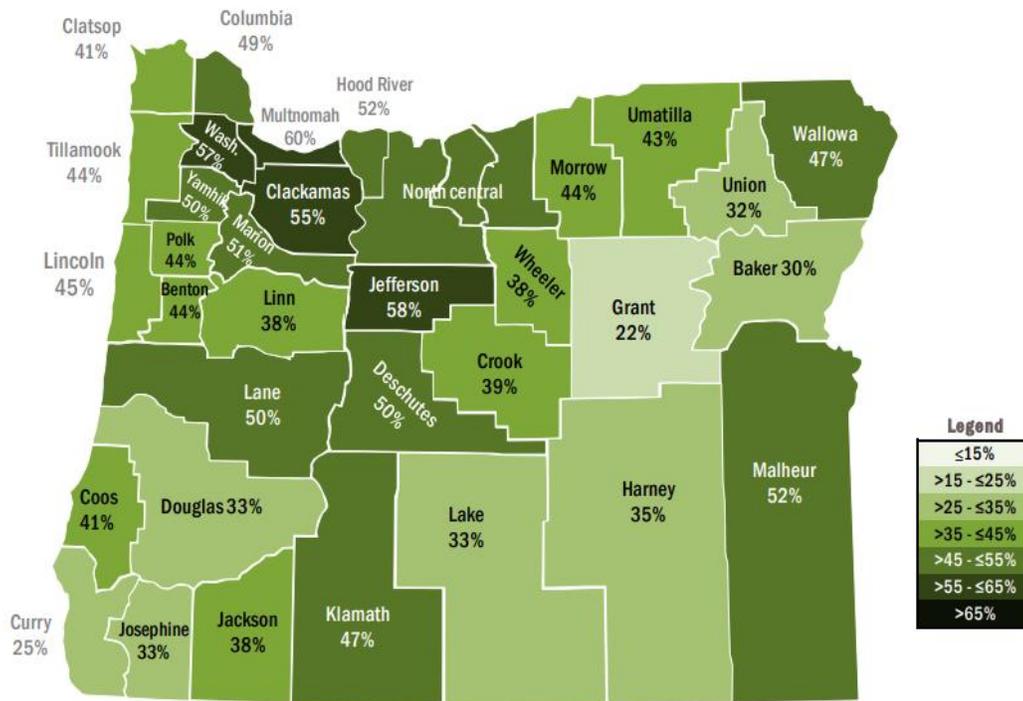
Maternal and Child Health Continued

Immunization

HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection. The vaccine is very safe and effective.⁵⁹

According to the CDC, around 85% of people will get an HPV infection in their lifetime if not immunized.⁶⁰

2019 HPV Completion Rates, 13- to 17-year-olds



Population Health

Oral Health

Healthy teeth are essential for children’s development and well-being. The burden of tooth decay or early childhood caries is a significant public health concern which can inhibit a child’s ability to speak, learn and grow. Although fully preventable in young children, tooth decay is one of the most common chronic diseases for children, causes needless pain and suffering and increases the risk for future oral health problems.

The Oregon Smile Survey (2002-2017) indicated nearly 20% of 6–9-year-old children had untreated decay, but since 2002, the rates decreased significantly for those with rampant decay, while the rate of protective sealant application has increased.

Elementary School Children⁸

| Description of Indicator | Desired Direction | 2002 | 2007 | 2012 | 2017 |
|---|-------------------|--------------|--------------|--------------|--------------|
| Children aged 6-9 years with cavities (treated and untreated, all teeth) | ↘ | 57.3% | 63.7% | 52.0% | 48.9% |
| 3 rd Graders with cavities (treated and untreated, all teeth) | ↘ | 60.7% | 66.3% | 57.5% | 52.8% |
| Children aged 6-9 years with untreated decay (all teeth) | ↘ | 23.9% | 35.5% | 19.9% | 19.2% |
| 3 rd Graders with untreated decay (all teeth) | ↘ | 22.1% | 35.4% | 21.6% | 17.7% |
| Children aged 6-9 years in need of urgent dental care | ↘ | 2.7% | 4.1% | 3.0% | 1.9% |
| 3 rd Graders in need of urgent dental care | ↘ | 2.1% | 4.6% | 3.3% | 2.1% |
| Children aged 6-9 years with rampant decay (all teeth) | ↘ | 15.7% | 19.5% | 13.6% | 4.5% |
| 3 rd Graders with rampant decay (all teeth) | ↘ | 16.2% | 19.5% | 13.5% | 4.1% |
| Children aged 6-9 years with protective sealants on at least one permanent molar | ↗ | 32.3% | 29.7% | 38.1% | 39.0% |
| 3 rd Graders with protective sealants on at least one permanent molar | ↗ | 50.8% | 42.7% | 52.4% | 53.2% |

⁸ Oregon Smile and Healthy Growth Survey: a screening survey conducted every 5 years by the Oral Health Program among children aged 6-9 years in 1st – 3rd grades.

Children in low-income families, children in rural areas and children of color experience higher rates of tooth decay and are less likely to receive the care they need. In Oregon, 63% of children in low-income households have tooth decay, compared to 38% of children in higher-income households. Children of color have higher rates of tooth decay than white children and are half as likely to receive necessary treatment.

Oral Health Continued

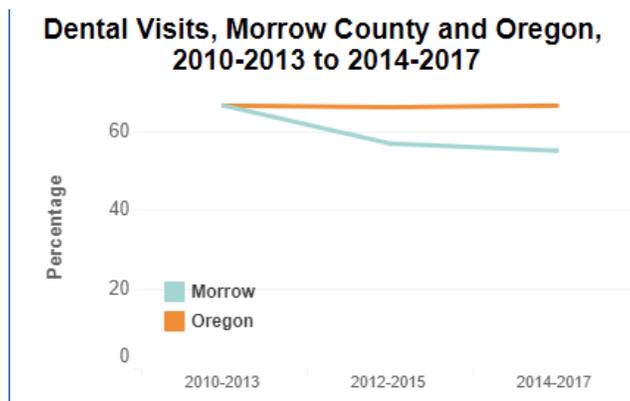
While Oregon has seen improvements on many oral health measures in recent years, disparities remain. Children with poor oral health miss more school days and receive lower grades than their peers. Because the burden of oral disease falls disproportionately on historically underserved communities, it can exacerbate existing gaps in opportunity and achievement.⁶³

Chronic oral infections are associated with an array of other health problems such as heart disease and diabetes and when untreated, can lead to serious and even life-threatening complications. Among pregnant women, oral infections can increase the risks for unfavorable pregnancy outcomes such as premature delivery and low birth weight babies.

| Oral Health Measure | Date | Morrow County | Oregon |
|---|---------|---------------|--------|
| Adults with one or more permanent teeth removed because of tooth decay or gum disease ⁶⁴ | 2014-17 | *44% | 39% |
| Dental visit in previous year ⁶⁵ | 2014-17 | 55% | 66% |

* not statistically different from state rate

Percentage of Adults with a Dental Visit in the Previous Year



Lifelong access to timely preventive dental care can reduce health care costs, but a high percentage of Oregonians are not currently receiving timely preventive care. Prevention efforts, including water fluoridation and school-based dental health programs, prevent pain and suffering, promote health equity and make good economic sense.

Oral Health Continued

In Morrow County, Advantage Dental from DentaQuest provides community dental services, in addition to regular clinic care, including: screening, prophylactic sealants and fluoride treatments to school age and pre-school children. Services are also provided to all ages in a variety of settings that include WIC and health fair type events.

The organization also delivers dental services to members of the Oregon Health Plan (OHP) in Morrow County through its contract with EOCCO and through a direct contract with the Oregon Health Authority (OHA).⁶⁶

At a single point in time (March, 2021) 331 people were enrolled in services in Morrow County.⁶⁷

Population Health

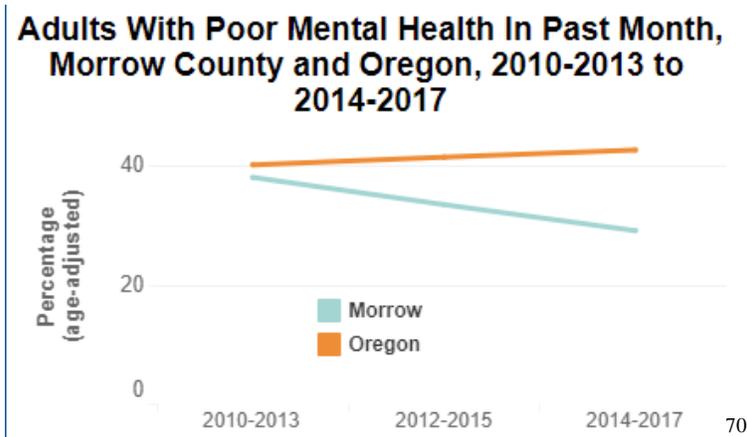
Behavioral Health

Behavioral health (mental health and substance use) disorders impact families, schools, workplaces and the community. They can cause long-term health problems; lead to premature death; contribute to injuries, abuse and violence; and financial difficulty, homelessness and lost opportunity.

Identifying early signs and symptoms of adverse substance use and mental health outcomes, and prevention increases the chance of an individual to live a healthy life. Among adults reporting a mental or substance use disorder in their lifetime, more than half report the onset occurred in childhood or adolescence. Therefore, it is important that children reach the milestones that are the markers of healthy development. Even from early ages social, emotional, cognitive and other skills help young people grow into healthy adults. Successful development in childhood, adolescence and early adulthood is critical to preventing substance use and mental health disorders.⁶⁸

Mental Health Status

Oregon Health Authority Healthier Together Oregon Scorecard indicates 29% of adults in Morrow County reported poor mental health in the past month (2014-2017).⁶⁹



Behavioral Health Continued

| Morrow County Behavioral Health Profile 2018 Oregon Health Authority (Medicaid) Identified Mental Health or Substance Use Condition | Percentage of Morrow Medicaid Population⁷¹ |
|--|--|
|--|--|

| | |
|--|-------|
| Adults with mild to moderate mental health condition | 7.11% |
| Adults with serious mental health condition | 6.23% |
| Adults with substance use condition | 2.4% |

Services

The Morrow County Board of Commissioners serve as the Local Mental Health Authority providing oversight for behavioral health safety net services, which includes care coordination and treatment for people with mental illness, intellectual or developmental disabilities, and substance use disorders.

Oregon Statute requires the operation of community mental health and developmental disabilities programs by counties. In Morrow County, Community Counseling Solutions contracts with Morrow County and Eastern Oregon Coordinated Care Organization (EOCCO) to provide said services.

The Morrow County Community Advisory Council to the Eastern Oregon Coordinated Care Organization utilizes health metric data to track and evaluate the health of those individuals receiving health care coverage through the Oregon Health Plan. The metrics assessing mental health are: alcohol or other substance misuse (SBIRT), follow-up after hospitalization for mental illness, screening for clinical depression and follow-up plan, follow-up care for children prescribed ADHD medications, patient-centered primary care home enrollment, developmental screening in the first 36 months of life, adolescent well-care visits and mental and physical health assessment within 60 days for children in DHS custody.

Behavioral Health Continued

Health Status EOCCO enrolled

Children ages 17 and younger comprised 17% of the Eastern Oregon Coordinated Care Organization (12 counties) members that received behavioral health services between July 2019 and June 2020.⁷²

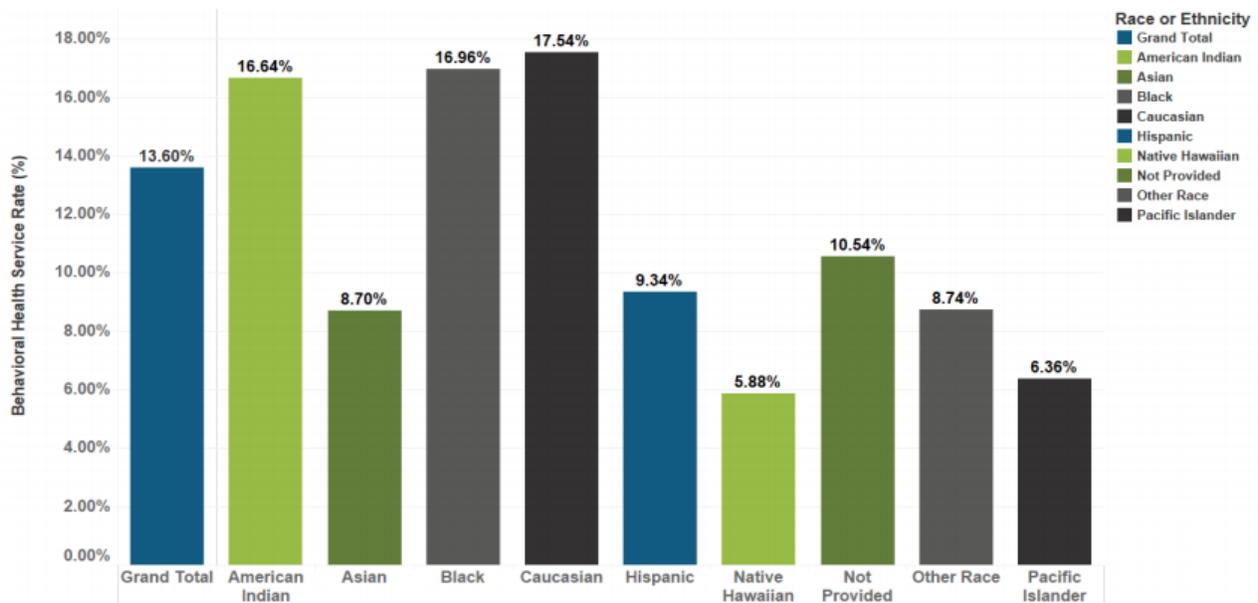
EOCCO Members Receiving Behavioral Health Services

Percentage of members accessing one or more BH service between 7/1/19 and 6/30/20 by age, race, and ethnicity

Members Receiving BH Services by Age Range as a Percentage of Members in Each Category



Members Receiving BH Services by Race and Ethnicity as a Percentage of Members in each Category



Behavioral Health Continued

EOCCO Diagnosis

EOCCO Membership Behavioral Health Diagnoses

Number and percentage of EOCCO members receiving treatment for 7/1/19 to 6/30/20

11.4% of EOCCO members received treatment for a mental health diagnosis and 3.6% received treatment for a substance use disorder diagnosis in the year. These figures differ based on member demographics.

| | Mental Health Diagnosis | Anxiety | Depression | Severe and Persistent Mental Illness | Substance Use Disorder Diagnosis |
|--|-------------------------|---------|------------|--------------------------------------|----------------------------------|
| EOCCO Members | 7,304 | 1,535 | 1,653 | 3,917 | 2,295 |
| EOCCO Members (%) | 11.46% | 2.41% | 2.59% | 6.14% | 3.60% |
| Black, Indigenous, People of Color | 1,032 | 189 | 192 | 460 | 318 |
| Black, Indigenous, People of Color (%) | 8.63% | 1.58% | 1.61% | 3.85% | 2.66% |
| Caucasian | 4,208 | 830 | 971 | 2,424 | 1,287 |
| Caucasian (%) | 14.93% | 2.94% | 3.44% | 8.60% | 4.56% |
| Female | 4,083 | 961 | 1,074 | 2,464 | 1,014 |
| Female (%) | 12.12% | 2.85% | 3.19% | 7.31% | 3.01% |
| Male | 3,228 | 575 | 582 | 1,457 | 1,281 |
| Male (%) | 10.72% | 1.91% | 1.93% | 4.84% | 4.26% |

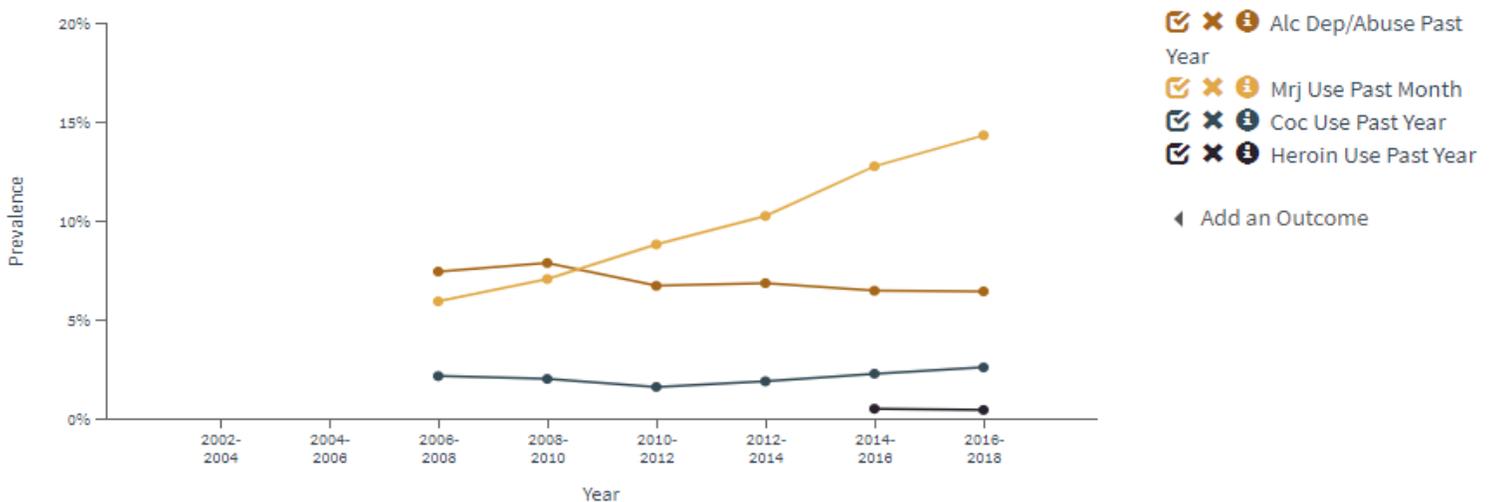
73

Behavioral Health Continued

Substance Abuse and Mental Health Data Archive Drug Use Reporting⁷⁴

| Outcome 2016-2018 | Eastern Oregon | Oregon | United States |
|---|----------------|--------|---------------|
| Alcohol Use Disorder in the Past Year Among Individuals Aged 12 or Older | 6.4% | 7.5% | 5.4% |
| Marijuana Use in the Past Month Among Individuals Aged 12 or Older | 14.3% | 19.6% | 9.5% |
| Cocaine Use in the Past Year Among Individuals Aged 12 or Older | 2.6% | 3.2% | 2% |
| Heroin Use in the Past Year Among Individuals Aged 12 or Older | .43% | .37% | .32% |

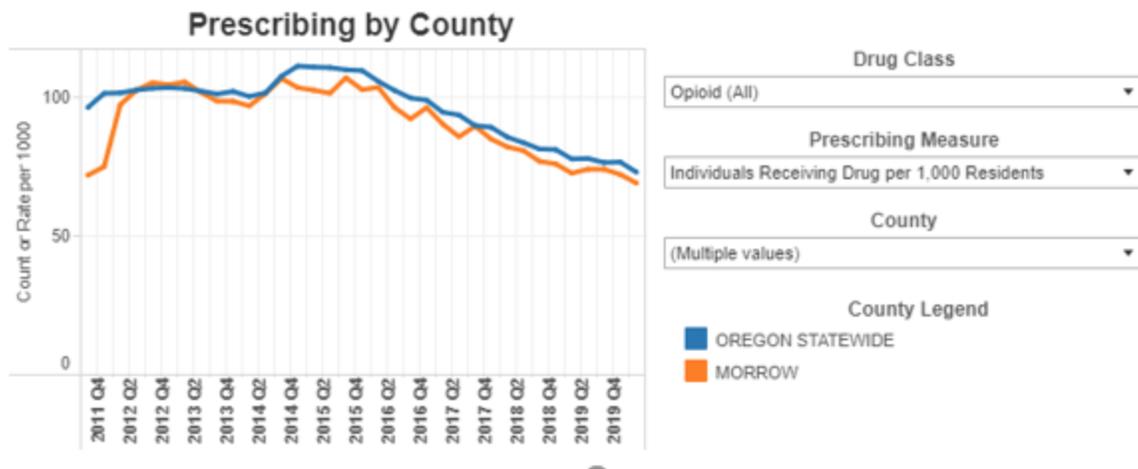
Prevalence among Individuals Aged 12 or Older in Oregon Region 6 (Eastern), by Outcome



Behavioral Health Continued

Drug Use

In Oregon during 2013, more drug poisoning deaths involved prescription opioids than any other type of drug, including methamphetamines, heroin, cocaine, and alcohol. Since 1999, statistics showed a dramatic increase in prescription-controlled substance sales, illicit and prescribed drug use, misuse, dependency, and overdose due to drugs of all types in Oregon. Data from Oregon's Prescription Drug Monitoring Program (PDMP) showed that prescribed opioid use was endemic among Oregonians as almost 1 in 4 Oregonians received a prescription for opioid medications.⁷⁵



The highest rate of individuals receiving prescribed opioids was observed during 2014; 106.6/1,000 people in Morrow County (107.4/1,000 Oregon).

The lowest rate was reported during 2020; 68.9/1,000 people in Morrow County (72.8/1,000 Oregon)⁷⁶

Special Populations

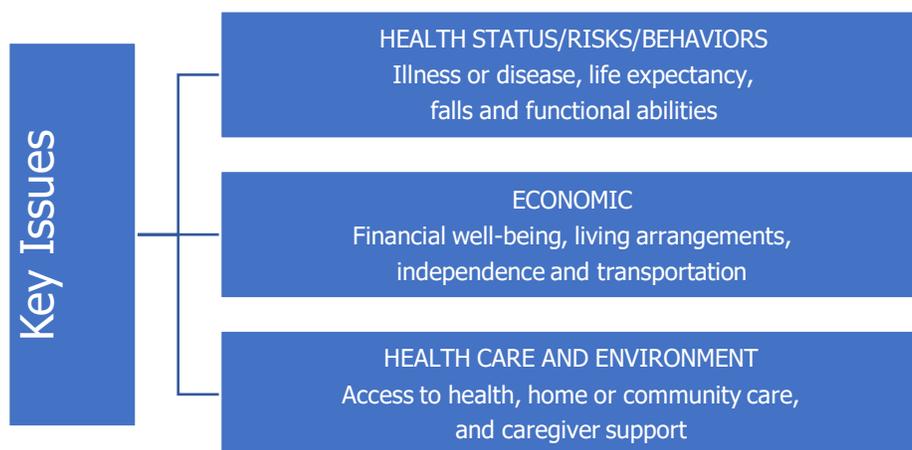
Older Adult

Population

During 2021, it was estimated that 2,117 people living in Morrow County were 65 years of age and older (nearly 18% of the total county population).⁷⁷

Older Americans are a vibrant and growing part of our Nation, but also experience unique challenges.

The Oregon State Plan on Aging (October 1, 2017 – September 30, 2021) was created to help assure Oregonians are able to safely age in the setting of their choice with dignity. By using effective community-wide approaches and programs, health program managers and service providers help ensure the health and independence of the aging population.



Older Adult Continued

Health Behaviors

Vaccinations against influenza and pneumococcal disease are recommended for older Americans, who are at increased risk for complications from these diseases compared with younger individuals. Influenza vaccinations are given annually, and pneumococcal vaccinations are usually given once in a lifetime. The costs associated with these vaccinations are covered under Medicare Part B.

Dietary intake affects the health of older people and poor diet quality is associated with cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, and some types of cancer.

Physical activity is beneficial for the health of people of all ages, including the age 65 and over population. It can reduce the risk of certain chronic diseases, may relieve symptoms of depression, help to maintain independent living, and enhances overall quality of life. Research has shown that even among frail and very old adults, mobility and functioning can be improved through physical activity.

Strength training is also recommended as part of a comprehensive physical activity program among older adults and may help to improve balance and decrease risk of falls.

Health Status

Chronic diseases are long-term illnesses that are rarely cured. Six of the seven leading causes of death among older Americans are chronic diseases. Heart disease, stroke, cancer, and diabetes are among the most common and costly health conditions that negatively affect quality of life and contribute to a decline in functioning. Many chronic conditions can be prevented or modified with behavioral interventions.

Disability including vision limitations, hearing imitations, and oral health problems are often thought of as natural signs of aging. Early detection and treatment can prevent, or at least postpone, some of the debilitating physical, social, and emotional effects these impairments can have on the lives of older people, but glasses, hearing aids, and regular dental care are not covered services under Medicare.



DISABILITY INCLUDES LIMITED ACTIVITIES DUE TO PHYSICAL, MENTAL OR EMOTIONAL PROBLEMS, OR USE OF EQUIPMENT SUCH AS A CANE, WHEELCHAIR, SPECIAL BED OR TELEPHONE.

Older Adult Continued

Disability

Among the civilian noninstitutionalized population of adults ages 65 and over, approximately 48% experienced a disability (2015-2019).⁷⁸

Behavioral Health

Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability and higher health care resource utilization.⁷⁹



During 2015, Oregon men were about three times more likely to die by suicide than women.⁸⁰

During 2017, Oregon had the highest rate in the nation for those ages 65+ hospitalized for opioid-related issues.⁸¹

Older Adult Continued

Access to Health Care Coverage

Nearly all older Americans have Medicare as their primary source of health insurance coverage. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. Many beneficiaries have supplemental insurance to fill these gaps and to pay for services not covered by Medicare.

Original Medicare is made up of two parts:

Medicare Part A covers your hospital expenses. This includes hospital stays, skilled nursing care (as long as custodial care isn't the only care you need), hospice and home health-care services. Part A services may require you to pay various deductibles, coinsurance, and copayments.

Many people qualify for premium-free Part A because they or their spouse paid taxes toward Medicare while working for at least 10 years (or 40 quarters). But otherwise, you may have to pay a monthly premium.

Medicare Part B covers two types of services, including medically necessary services to treat illnesses or conditions, such as doctor's office visits, lab work, x-rays, and outpatient surgeries, and preventive services to keep you healthy, like cancer screenings and flu shots. Part B also covers medically necessary durable medical equipment such as wheelchairs and walkers to treat a disease or condition. Costs for Part B services vary, but frequently, you will pay a deductible and then 20% of the Medicare-approved amount, as long as you use providers who accept Medicare assignment.

Most people pay a premium for Part B. Even if you're enrolled in a Medicare Advantage plan that provides your Part A and Part B benefits, you still have to pay your Part B premium.

People eligible for Medicare may join a separate Medicare Part D prescription drug plan.

Medicare Advantage is a type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans must cover all of the medically necessary services that Original Medicare covers and may offer extra benefits that Original Medicare doesn't cover—like some vision, hearing, dental, routine exams, and prescription drug coverage.⁸²

Older Adult Continued

Access to Health Care Coverage

18.6% of the population in Morrow County was enrolled in Medicare.⁸³

MORROW COUNTY MEDICARE ENROLLMENT⁸⁴

| 2016 | 2016 | 2016 |
|-------------------------|---|-------------------------|
| Hospital and/or Medical | Hospital and/or Medical | Hospital and/or Medical |
| Original Medicare | Medicare Advantage & Other Health Plans | Total |
| 1,608 | 313 | 1,921 |

| 2020 | 2020 | 2020 |
|-------------------------|---|-------------------------|
| Hospital and/or Medical | Hospital and/or Medical | Hospital and/or Medical |
| Original Medicare | Medicare Advantage & Other Health Plans | Total |
| 2,030 | 194 | 2,224 |

335 people were dual enrolled in 2019, Medicare and Medicaid Program.⁸⁵

These dually eligible individuals experience high rates of chronic illness, with many having long-term care needs and social risk factors. Dually eligible individuals must navigate two separate programs:

- Medicare for the coverage of most preventive, primary, and acute health care services and prescription drugs
- Medicaid for the coverage of Long-Term Services and Support (LTSS), certain behavioral health services, and Medicare premiums and cost-sharing.⁸⁶

Older Adult Continued

Living Arrangements

Many older Americans live independently in their communities and reside in their homes well into their later years.

As the proportion of the older population residing in long-term care facilities has declined, the use of community-based services, personal assistance and/or special equipment among those with limitations has increased.

Some older adults live in licensed long-term care facilities, and some live-in residences that provide various services such as meal preparation, laundry and cleaning services, and help with medications. Availability of such services through the place of residence or community-based services may help older Americans maintain their independence and avoid institutionalization.

ADMINISTRATION FOR COMMUNITY LIVING
IMPROVING THE LIVES OF OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH SERVICES, RESEARCH, AND EDUCATION

WHAT IS COMMUNITY LIVING?

OLDER ADULTS AND PEOPLE WITH DISABILITIES HAVE THE SAME OPPORTUNITIES AS EVERYONE ELSE TO:

- ✓ CHOOSE WHERE TO LIVE
- ✓ EARN A LIVING
- ✓ PARTICIPATE IN SOCIETY
- ✓ MAKE DECISIONS ABOUT THEIR LIVES

WHY IS COMMUNITY LIVING IMPORTANT?

- PEOPLE PREFER IT
- IT COSTS LESS
- IT'S A LEGAL RIGHT
- EVERYONE BENEFITS WHEN EVERYONE CAN CONTRIBUTE

HOW DOES ACL SUPPORT COMMUNITY LIVING?

- FUNDS SERVICES THAT HELP PEOPLE LIVE INDEPENDENTLY
- INVESTS IN RESEARCH, INNOVATION, TRAINING, AND EDUCATION
- ADVOCATES FOR PEOPLE WITH DISABILITIES AND OLDER ADULTS

WHO ARE ACL'S PARTNERS?

- NATIONWIDE AGING AND DISABILITY NETWORKS
- STATES, TRIBES, AND COMMUNITIES
- COLLEGES AND UNIVERSITIES
- NONPROFIT, FAITH-BASED, AND INDUSTRY PARTNERS
- OTHER FEDERAL AGENCIES

ACL
Administration for Community Living

Special Populations

Veterans

Demographic

An estimated average of 906 veterans lived in Morrow County 2015-19. ⁸⁸

| Location | Proportion of Population Veterans Age 18 and Over ⁸⁹ |
|---------------|---|
| Oregon | 8.7% |
| Morrow | 11.1% |

Services to Veterans

The Morrow County Veteran’s Service Officer is an accredited United States Department of Veterans Affairs (VA) representative who advocates for veterans and their families who live in Morrow County to ensure all entitlements provided by Federal and State law are received.

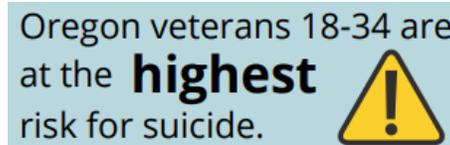
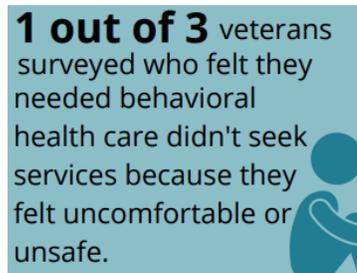
Assistance Provided:

- Research medical conditions and VA law to develop and file disability claims (both service-connected and non-service-connected), including Veterans Appeals
- Obtain military service and medical records
- Apply for VA Health Care
- Apply for VA Education Benefits
- Apply for Burial Benefits
- Apply for Surviving Spouse and Dependent Benefits

A VA survey found that nationwide, fewer than half of veterans understood their benefits, whether it was medical care, college tuition or pension and service-connected disability programs. Because VA applications are notoriously difficult to complete, the guidance of an accredited Veterans Service Representative can cut months and possibly years off the time it takes for veterans to receive benefits.⁹⁰

Veterans Continued

Health Needs



Since 2005, the average number of Veteran suicide deaths per day nationally has remained near 17, despite observed decreases in the size of the Veteran population.

From 2005 to 2018, age- and sex-adjusted suicide rates increased by 25.6% for Veterans with recent VHA use and 57.0% for Veterans without recent VHA use.

Between 2017 and 2018, the age- and sex-adjusted suicide rate among Veterans with recent VHA use decreased by 2.4%, while among Veterans who did not use VHA care the rate increased by 2.5%.

In the context of the COVID-19 pandemic, VA monitored trends in suicide-related behaviors. Thus far, findings do not indicate increases in suicide-related behavior among Veterans in VHA care.⁹²

Transportation

Many Morrow County Veterans' transportation needs are largely being met by a federal grant called the *Highly Rural Transportation Grant* which provides funding to support transportation to medical appointments, including VA medical facilities or community health care providers. In Morrow County the Loop also provides transportation for non-medical needs such as nutrition, socialization and other.

Veteran Use of The Loop as a Percentage of total Rides⁹³

2017- 26%

2018- 24%

2019- 18%

Veterans Continued

Health Care Access

The United States Department of Veterans Affairs (VA) operates the country's largest, most comprehensive, integrated health care system through the Veterans Health Administration (VHA). Veterans who served on active duty for at least 24 continuous months and who were honorably discharged from military service are eligible to enroll in the VA for health care.

Veterans have varied health insurance coverage, including Medicare, Medicaid, TRICARE, and private insurance. The availability of other public or private insurance coverage is an important factor related to enrollee use of VA health care services.⁹⁴

A Primary Care Telehealth Outreach Clinic allows the Walla Walla Veterans Administration (VA) to help care for Veterans located in rural areas and is located in Boardman. Additionally, the VA offers service through a telehealth program that allows patients to "meet" with doctors remotely through video teleconferencing.

Community Care is available to Veterans based on certain conditions and eligibility requirements, and in consideration of a Veteran's specific needs and circumstances. Community Care must be first authorized by VA before a Veteran can receive care from a community provider.

In Morrow County, providers include Pioneer Memorial Hospital, Irrigon Medical Clinic, Pioneer Memorial Clinic, Ione Community Clinic and Columbia River Health. The Morrow County Health District and Morrow County Veterans' Services work to promote more awareness of this program.

Women are the fastest growing group within the Veteran population. In order to provide more specialized care, VA created the Women Veterans Health Program, which focuses on comprehensive primary care, reproductive health, and women's health education.

The VA remains committed to the objective of ending Veteran homelessness. VA has partnered closely with other Federal agencies and with state and local programs, striving to implement a systemic end to homelessness. VA has also worked to integrate resources in the Homeless Program Office that address the mental health concerns of Veterans who are homeless or at risk of being homeless, with an emphasis on suicide prevention and substance use disorders (SUDs).⁹⁵

Walla Walla VA Medical Center is in the process of implementing a new electronic health record system that is interoperable with Department of Defense and Community Care providers, enabling the seamless sharing of records from active duty and beyond.

Morrow County Veterans Services and Community Counseling Solutions partner to provide outreach to assure Veterans are aware of community resources for VA benefits, health care and mental health services.

In 2019, Morrow County Veterans Services invited a network of community partners to share information and coordinate services which includes hosting a Community Resource Roundtable that meets quarterly.

Special Populations

Hispanic/Latino

The U.S. Census Bureau relies on self-reporting to enumerate persons as Hispanic, Latino or Spanish origin: Mexican, Mexican American or Chicano, Puerto Rican, Cuban, or a descendent from other countries (e.g., Dominican).⁹⁶

A person of Hispanic ethnicity may belong to any race category. There are six major race categories: White, Black or African American, American Indian/Alaska Native, Asian, Hawaiian or Pacific Islander, and Other Specified.

The racial categories included in the census questionnaire generally reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or sociocultural groups. People may choose to report more than one race to indicate their racial mixture, such as “American Indian” and “White.”⁹⁷

Latino youth, families, taxpayers, and consumers are a critical part of our future economic, social, and political prosperity. The Oregon Community Foundation Report confirms that as the Latino population continues to grow, it is increasingly important to ensure that all Latino Oregonians have access to the education, economic and the health care opportunities the community needs to thrive.⁹⁸

Population

In 2019, Morrow County had the highest percentage of Hispanic/Latino persons per total population in the state (36.5%), Oregon (13.4%).⁹⁹

The striking demographic difference between Oregon’s Latino population and its white population is age; Oregon Latinos are significantly younger than white Oregonians. The median age for Latinos is 24 years, compared to 41 years for the white population.¹⁰⁰

While Latino Oregonians come from a variety of backgrounds, most were born in the United States (64%).¹⁰¹

Hispanic/Latino Continued

Education

Many Latino children face unique and substantial challenges and their circumstances can vary widely depending on their parents' countries of origin, education levels and English-speaking proficiency.

High-quality early childhood education is a critical stepping stone in helping children succeed in school and become productive adults later in life. However, Latino children are underrepresented in early childhood education programs in our state.

Early Childhood

The Oregon Child Development Coalition (OCDC), with locations in Irrigon, Boardman and Hermiston, provides comprehensive child development services to economically disadvantaged children and families. Migrant and Seasonal Head Start is for children of migrant and seasonal farm workers. This program cares for children while parents are working, and helps preschoolers develop the language, reading and math skills they need to be successful in school. Early Head Start provides services to pregnant woman, infants and toddlers up to age 3 and cares for infants and toddlers to make sure that young children grow up to be healthy and happy. These programs also work with parents by providing training, education, and leadership opportunities.

As reported by Umatilla/Morrow OCDC, the majority of families in the program use Spanish as a first language, all students have a primary care medical home and are up-to-date on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements. During the Covid-19 pandemic both center-based and remote services were provided for children.¹⁰²

Teenagers who drop out of high school are at a severe disadvantage in terms of future employment opportunities and potential earnings, and Latino youth in Oregon are among the least likely to graduate from high school.

12% of students attending the Ione School District were identified as English Language Learners.

21% of students attending Morrow County School District were identified as English Language Learners.¹⁰³

Hispanic/Latino Continued

Kindergarten – Twelfth Grade

| Location | 2020-2021 Number of Enrolled Students | Percent Hispanic Population |
|--------------------------------------|--|------------------------------------|
| Morrow County School District | 2,217 | 58% |
| Ione School District | 149 | 28% |
| Oregon | 560,917 | 25% |

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| Location | 2018-19 Total Enrollment Attendance Rate | Hispanic Attendance Rate |
|--------------------------------------|---|---------------------------------|
| Morrow County School District | 81% | 81% |
| Ione School District | 72% | 67% |
| Oregon | 80% | 76% |

105

Post-secondary

Latinos in Oregon are less likely to have a postsecondary degree than white counterpart.¹⁰⁶

Hispanic/Latino Continued

Health

There are disparities in health access and health outcomes for Oregon's Latino population. Ensuring the positive health and development of Oregon's large and growing Latino population is vitally important as Oregon's Latino youth become tomorrow's workforce, community members and leaders. While there have been some gains in Latino health in recent years, there remains large disparities between Latino and white Oregonians on many health indicators. A lack of health care access and a shortage of culturally appropriate services and providers have contributed to crucial health disparities. The percentage of uninsured Latinos dropped slightly, access to prenatal care has increased and teen pregnancy rates have dropped substantially. On all of these indicators, however, Latino Oregonians lag significantly behind their white peers. In addition, while self-reported indicators of emotional well-being are roughly equivalent for Latino and white youth, more Latino youth are obese, and Latino youths' self-reported physical health and the percentage meeting the positive youth development benchmark are lower than those of white youth.¹⁰⁷

Maternal and Child Health

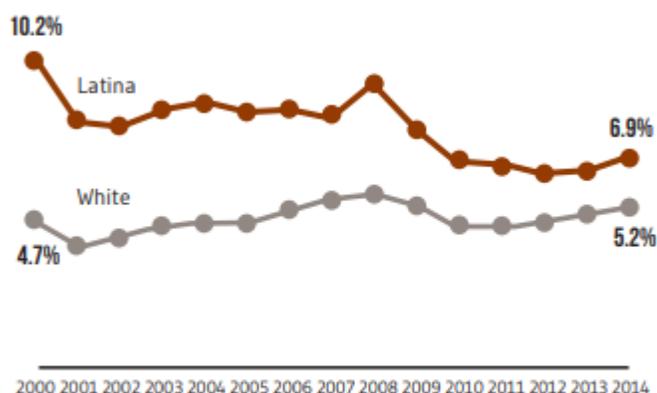
From 2015-17, There were just over 500 births in Morrow County and over half were to females who identified as Hispanic. Of the 50 mothers giving birth with an eighth-grade level or less of education, 48 were to Hispanic females. Of the nearly 89 mothers giving birth with just some high school education, 65 were to Hispanic females.¹⁰⁸

Thirty-two of the 256 (13%) Hispanic mothers who gave birth during 2015-17, did not receive adequate prenatal care.¹⁰⁹

During 2015-17, there were 15 pregnancies in Morrow County to teens ages 10-17. Five pregnancies were to Hispanic females.¹¹⁰

Oregon

Figure 26. Fewer Latinas receive prenatal care, but the gap between white women and Latinas is decreasing.



Percentage of women receiving inadequate prenatal care, Oregon Health Authority

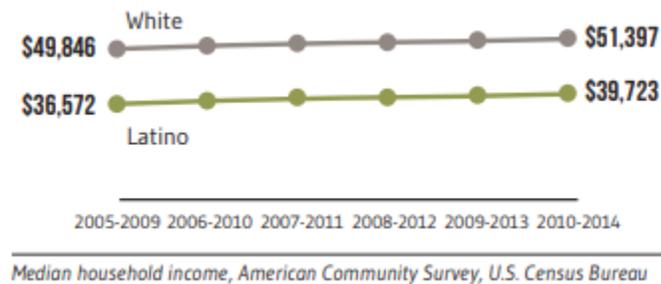
Hispanic/Latino Continued

Maternal and Child Health

From 2007-2016 over one-half of the number of cases of diagnosed chlamydia and gonorrhea were reported as men and women who identified as Hispanic.¹¹²

Economics

Latino Oregonians have a lower median household income than do white Oregonians. The larger discrepancy in per capita income could be due to larger family sizes for the Latino population, which means that household income supports more family members, resulting in a lower per capita income. According to the 2010 Census, the average Latino household has 3.68 people, compared to 2.34 people in the average white household.¹¹³

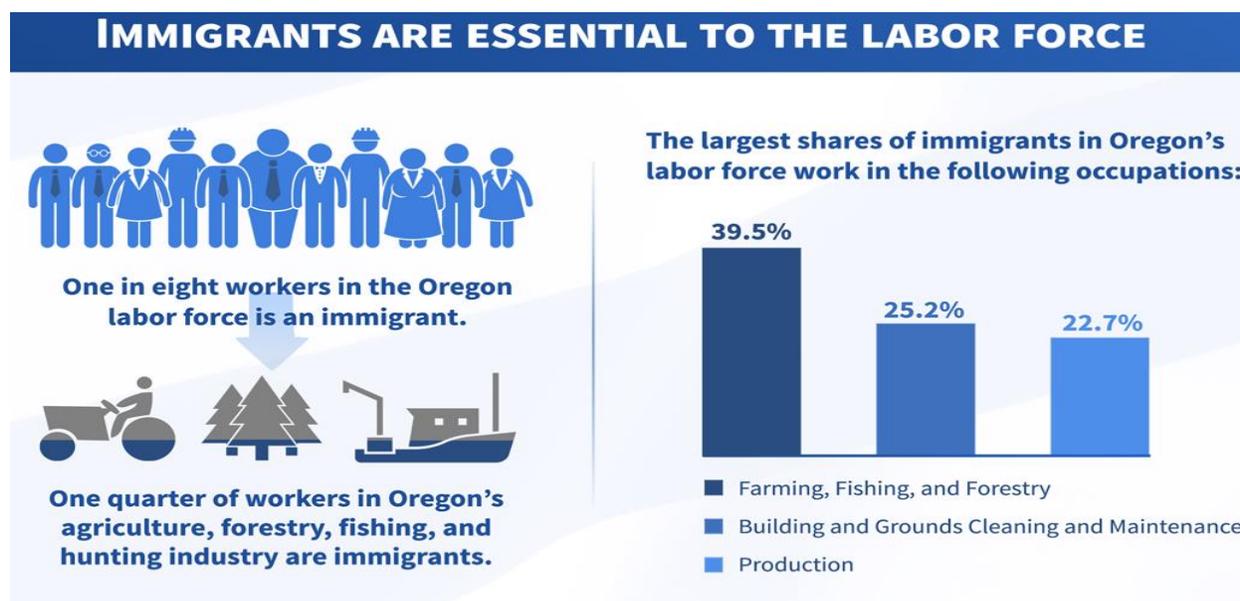


For the period of 2010–17, over one-third of Latino children in Oregon (35%) lived in poverty; the rate for white children (17%). Poverty levels remain unacceptably high and steadily increased since 2005.

Special Populations

Unauthorized/Undocumented Workers

In addition to the industries below, undocumented immigrants also work in: accommodation and food services; manufacturing; professional; administrative; waste management; construction and retail trade.



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Best Practices Recommended to Morrow County by Oregon Washington Health Network Cultural Sensitivity Trainers

The permanent Hispanic population of Morrow County is increasing, particularly in the north end of the county. Bilingual/cultural communication, informational materials and services are necessary as the population continues to grow.

System planners must realize that economic mobility and health are intertwined and consider the impact of poverty, discrimination, low-paying jobs, schools and housing.

Consideration should be given to how important social networks, the group oriented “family model” and hopefulness of Latinos may promote better health.

System planners should continue to focus on oral health for adults.

Health and human services should continue to promote and utilize certified health care interpreters and community health workers.

Social Determinants of Health

Social Determinants of Health are defined as health care access and quality, education, economic stability (housing stability, income, poverty, employment, food security) and neighborhood and built environment (community, transportation, water and air quality).

Education

Early childhood education partners identified groups with significant needs in Umatilla and Morrow County: children living in homes up to 200% of the federal poverty level, children with English as a second language (specifically those who speak a Guatemalan dialect), and children with a developmental or cognitive delay.¹¹⁵

Access to Insurance Coverage

Among the civilian noninstitutionalized population in Morrow County, Oregon 2015-2019, over ninety percent of the population had health insurance coverage and nine percent did not. The percentage of children under the age of 19 with no health insurance coverage was just over ten percent.¹¹⁶

At a point in time, January 2021, 36% of the population in Morrow County was enrolled in either Medicaid or the Oregon Health Plan (OHP).¹¹⁷

The Eastern Oregon Coordinated Care Organization reported (July 1, 2019 – June 30, 2020) an average of over 3,600 people in Morrow County were enrolled monthly in the EOCCO – that is 29% of the county population.¹¹⁸

During a point in time (December 2020), there were 808 people enrolled as Medicaid/Medicare clients in Morrow County.¹¹⁹

Income/ Economic Stability

Definition of ‘homeless’ used by HUD and many peripheral programs - literally homeless, imminent risk of homelessness, eligible under other Federal statute, fleeing/attempting to flee domestic violence.¹²⁰

During the 2020-21 school year, a combined 83 students attending Morrow County and Ione School Districts were identified as “homeless.”¹²¹

Home 4 Hope is a coalition of interested community members, city, county, state, federal agencies, non-profits, churches and service groups formed in 2008 which works to prevent, reduce and end homelessness in Oregon's Gilliam, Morrow, Umatilla & Wheeler counties.

Social Determinants of Health Continued

Income/ Economic Stability

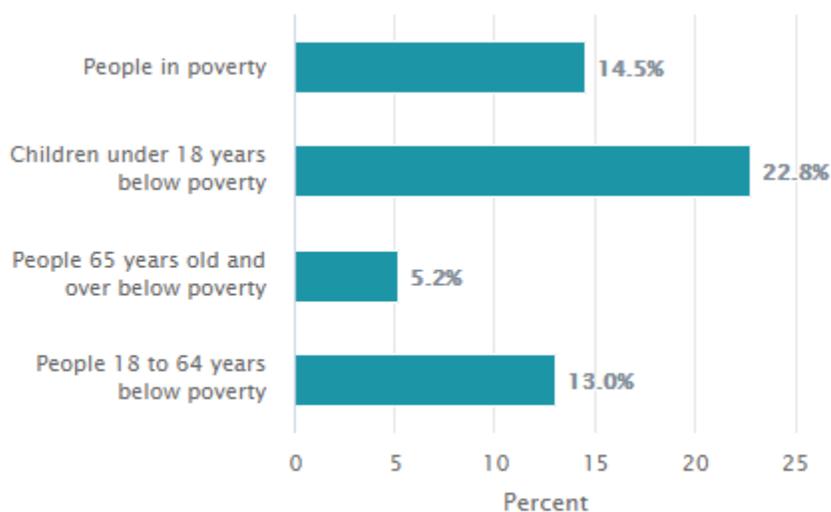
The Point in Time (PIT) Count is an unduplicated count on a single night of the people in a community who are experiencing homelessness that includes both sheltered and unsheltered populations and provides a snapshot of homelessness in the entire United States. Community Action Program of East Central Oregon (CAPECO) organizes the PIT Count for four counties: Gilliam, Morrow, Umatilla and Wheeler.

| County | City | 2020 | 2019 | 2018 | 2017 |
|---------------|-----------|------------|------------|-----------|----------|
| Morrow | | 110 | 182 | 46 | 0 |
| | Boardman | 91 | 129 | 1 | |
| | Heppner | 13 | 19 | 35 | |
| | Ione | 6 | 1 | | |
| | Irrigon | 0 | 33 | 10 | |
| | Lexington | 0 | | | |

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In Morrow County, 289 grandparents lived with their grandchildren under 18 years old. Of those grandparents, 51.6 percent were responsible for the basic needs of their grandchildren.¹²³

Poverty Rates in Morrow County, Oregon in 2015-2019



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Social Determinants of Health Continued

Migrant or Seasonal Farmworker

The 2018, updated Oregon Migrant and Seasonal Farmworker (MSFW) Enumerations Profiles Study estimated over 3,000 MSFWs in Morrow County. It was also estimated that the combined “MSFWs and non-MSFWs household” to be near 6,000. After receiving local input during 2018, these figures may be lower as an approximate 10% decline had been observed in the school-age population in recent years.¹²⁵

Food Security

During 2020, between 63-94% percent of students in the north end and 36% of students in the south end of the Morrow County School District were enrolled in the free and reduced school lunch program.¹²⁶

Food insecurity refers to reports of reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns with reduced food intake. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.¹²⁷



By 2018, the percentage of all people food insecure in Morrow County had risen to 11.1% overall and dropped to 16.3% for children.¹²⁹

There were 2,416 people enrolled on average monthly in the Supplemental Nutrition Assistance Program (SNAP).¹³⁰

Social Determinants of Health Continued

Food Security

The local food banks in Heppner and Irrigon are significantly relied upon to distribute food boxes and provide a selection of foods in a pantry. During 2020, the Boardman area established a non-profit food pantry to meet the significantly growing needs.

Additionally, a few independent groups throughout the county provide periodic food boxes and also procure and distribute non-perishable food items to students for consumption after school hours and weekends.

Transportation

The Loop is a curb-to-curb service for all residents of Morrow County that operates on a first-call-first-served basis and must be scheduled in advance through the dispatch office. The Loop provides intra-county and inter-county service, transporting throughout Eastern Oregon and Southeastern Washington. The service is vital to older adults, persons with disabilities, veterans, and people with low incomes.

Historically, the Loop provided service with a cadre of volunteers; in 2020, a new part-time driver position was assigned to address high volumes of transport. The Loop has six mini-passenger vans and two fourteen-passenger buses that operate out of Heppner, Boardman, and Irrigon. The vans and buses are ADA compliant and the drivers are trained to handle and secure mobile devices and assist passengers with special needs.

The Loop contracts with Kayak Transportation's Hopper – fixed-route line which provides service to Irrigon twice a day Monday-Saturday.

Columbia River Health also provides transportation assistance to patients in Boardman and surrounding areas for travel to health service appointments at the clinic. Transportation needs are identified at the time of scheduling and/or during an office visit.

The Good Shepherd CareVan provides service to Boardman and Irrigon residents who have appointments scheduled with the Good Shepherd Medical Group in Hermiston.

Plans for Expansion

Morrow County, Umatilla County, and The Confederated Tribes of the Umatilla Indian Reservation are planning for a new bus route between Hermiston, Boardman, and communities in between, as well as a separate route circulating within Boardman and the Port of Morrow. The service could potentially start in several years once the type of service, commute needs, potential bus stops, fare policies, and other considerations for service are identified.¹³¹

Social Determinants of Health Continued

Safety

Domestic Violence Services, Inc. of Morrow and Umatilla Counties provides services for survivors of domestic violence, sexual assault, stalking and dating violence. The twenty-four-hour hotline is 800-833-1161. DVS has two shelters for survivors. DVS support groups: Turning Point (domestic violence), Silence Breakers (sexual assault), Compassion in Action (for friends/family of a survivor). Also offered are educational workshops for the community: Children and Domestic Violence, Teen Dating Violence, Elder Abuse, Sexual Assault, Stalking, What is Domestic Violence? Why Does She Stay? DVS provides parenting classes for survivors and the community and two advocacy centers.

HEALTH SERVICES

Morrow County Health District

Emergency medical services reach every corner of the county from the mountains in the south to I-84 along the Columbia River, assisting anyone in need of emergent care. Ambulances are stationed in Boardman, Irrigon, Heppner, and Ione, with full-time staff in Boardman, Irrigon, and Heppner. The EMS Department boasts 41 paramedics, EMT Intermediate and EMT Basic and 29 ambulance drivers who volunteer throughout the county. All paid and volunteer EMS staff are part of a caring and dedicated team that is always ready to respond when needed.

The District's Pioneer Memorial Home Health and Hospice Departments provide compassionate care to patients in their homes, as well as at care facilities throughout Morrow and Gilliam counties. Services include direct patient care, IV therapy, monthly foot care clinics and rehabilitative programs and support for family members and others who provide day-to-day care. The Health District maintains the main office located on Main Street in Heppner and also an office in Boardman. The Hospice Department has over 30 trained volunteers assisting throughout the counties.

Irrigon Medical Clinic is a certified Rural Health Clinic, classified as a Tier 4 Primary Care Medical Home and specializes in family medicine for all ages. Three full-time physician assistants and physician provide primary health care and are joined by behavioral health staff. A radiology technician offers Ultrasound and X-ray full-time at the clinic.

Pioneer Memorial Clinic, located in Heppner, is staffed by two family physicians, and two physician assistants. The clinic is a certified Rural Health Clinic, classified as a Tier 4 Primary Care Medical Home and provides preventive and continuing care services for all ages. PMC also acts as a training site for physician assistant students, as well as, medical students from OHSU.

Pioneer Memorial Hospital (PMH), located in Heppner, has a long history of providing care to area residents. The hospital's 24-hour Emergency Department is certified as a Level IV Trauma Center. The laboratory processes typical lab requests in-house and works with consulting laboratories for less common requests. The imaging department offers X-rays, CT scans, Dexa scans, ultrasounds, EKGs, mobile MRI's and mobile mammography. In addition, infusion therapy procedures are available. The Swing-bed program provides skilled nursing care, post-surgical rehabilitation and therapy. PMH also offers a non-skilled extended care unit. Both Pioneer Memorial Clinic and Pioneer Memorial Hospital are in the process of identifying areas to modernize to offer the best care available to our patients, as well as, add new services in the future.

Willow Creek Terrace, also located in Heppner, is a unique retirement lifestyle offering lovely surroundings and personal assistance to help maximize independence. Daily activities and staff interaction promote vitality, participation, socialization and a sense of purpose at this assisted living facility.

Ione Community Clinic, a school-based health center and certified rural health clinic, was developed in partnership with Morrow County Health Department, Ione School District, Community Counseling Solutions and Advantage Dental. MCHD staffs the primary medical care clinic with one part-time nurse practitioner.

Columbia River Health

Columbia River Health provides primary and preventative health services, which includes physical health, behavioral health, dental radiology, lab, pharmacy, occupational and support services. Support services include transportation, translation, enrollment in OHP or other insurance plans, and connecting people to other community resources.

Physical Health

Provides the full range of primary care services, including well care exams, treatment for acute illnesses, vaccinations, and management of chronic conditions.

Behavioral Health

Employs two behavioral health consultants on the team to provide integrated mental health or substance abuse services to patients. Patients needing a higher level of care are connected to a community partner with a warm handoff.

Dental

Preventative dental services, emergent and restorative services are provided through referrals to contracted community partners.

Radiology

X-ray services are available on site. Patients needing a higher level of care are connected to the local hospital.

Lab

Collects and processes many labs on site. Complex labs can be drawn/collected on site and are processed by a contracted partner.

Pharmacy

Participant in the 340B program, which allows the pharmacy to provide patients of Columbia River Health with medications at discounted rates. Medication delivery is available in Boardman, Irrigon, and the surrounding area for a nominal fee.

Occupational Medicine

Contracts with many local businesses to provide occupational health services.

Support Services

Transportation is available free of charge for patients in Boardman, Irrigon, and the surrounding area. Transportation may be available in other locations, including Hermiston and Umatilla, for a nominal fee.

Bi-lingual (English/Spanish) staff with a contracted interpreter available for patients needing services in additional languages and/or sign language.

Columbia river Health Continued

Promotoras (community outreach workers) are available on site to assist patients with: enrolling in OHP or other insurance plans, applying for the sliding scale discount program, making connections with community resources, and more.

Telemedicine is available to patients by video to improve access to our services due to barriers that would cause a patient to not be able to attend in person visits consistently.

Community Counseling Solutions (CCS)

CCS provides a full range of mental health, addictions, developmental disability and alcohol and drug prevention services.

Developmental Disability case management, eligibility and protective services.

Mental health and nurse practitioner services via several school-based health clinics. CCS also provides a number of school counselors to local schools through private contracts with those schools.

Clinical services to Columbia River Ranch, a mental health residential center in Boardman. This is through a partnership with a private entity, Columbia Care.

Senior outreach and foster grandparent services throughout Oregon.

Problem gambling treatment free of charge.

Robust peer program providing peer counseling services.

Assessment and referral services for the Umatilla County jail.

Drug court in Umatilla and Morrow counties.

Students Providing Understanding and Respectful Support (SPURS) in Morrow County which pairs high school age youth with elementary youth in a mentorship capacity.

Juniper Ridge Acute Care Center in John Day providing 24 hour locked acute mental health care in addition to respite.

Lakeview Heights, a secure residential treatment facility in Heppner.

Assertive Community Treatment program providing high fidelity, high frequency outpatient counseling to high needs mental health patients.

Supported Employment program helping patient find and retain employment in competitive settings.

Early Assessment and Support Alliance program providing high fidelity services to those showing early signs of significant mental health issues.

Rental assistance program matching patients with rental assistance opportunities.

Community Counseling Solutions Continued

The PATH International (Professional Association of Therapeutic Horsemanship) certified Equine Assisted Activities and Therapy program at Lakeview Heights is a crucial step in caring for individuals with more severe challenges of mental illness in the community.

CCS is also the official home of the David Romprey Oregon Warmline, a toll-free confidential telephone support service to all Oregonians

Intensive In-Home Behavioral Health Treatment - provides intensive in-home supports to children who are at risk for out of home placement

Frontline Program – provides brief, short term counseling to healthcare, law enforcement and ambulance personnel at no cost

24/7 Crisis response

Forensic Treatment, including sex offender, domestic violence and anger management treatment

Veterans and Older Adult services – specific and targeted treatment provided by an older adult/Veteran clinician specialist

Targeted addictions, gambling and suicide prevention services

COVID outreach services to at-risk individuals

Morrow County Health Department

Immunizations for all ages

Family planning services and supplies; pregnancy testing, counseling and referral

Prenatal care assistance

Sexually transmitted infection (STI) screening and treatment

Communicable disease investigation and control

Tobacco prevention and education

Maternal and child health education and supports, including evidence-based home visiting services (prenatal, newborn and special needs children)

Blood pressure screening, car seat resources and education, and general health and chronic disease information and referral

Preparedness planning and education

The Health Department is also an active partner involved in the CARE Team, which offers “wraparound” services for pregnant women, children age 0-21 years of age and families

Advantage Dental from DentaQuest

Advantage Dental from DentaQuest is one of the largest Dental Care Organizations (DCO) in Oregon and delivers services to approximately 350,000 members of the Oregon Health Plan (OHP) through its contracts with 13 of the State's CCOs and through a direct contract with the Oregon Health Authority (OHA).

A hybrid vertical network consisting of staff model dental practices, contracted providers and a team of "community care" hygienists and assistants is used to serve the dental needs of OHP members with the aim to revolutionize dental care by focusing on prevention and innovation.

Advantage Dental Oral Health Center is your local family oral health provider, serving all dental needs by providing a full-range of preventive, cosmetic, and specialty dentistry. The organization and affiliated practices across the United States are working to revolutionize oral health care for all. To do this, a unique, industry-leading approach to care delivery creates lasting healthy outcomes through positive dental experiences, called the all-in approach Preventistry®. The staff recognize oral health care is not "one-size-fits-all," with each person having a personalized treatment plan to fit personal lifestyle and overall health goals.

There are dozens of health and human service-related providers delivering care to the residents of Morrow County. An inventory of services is compiled by the Morrow County Resource Roundtable.

Conclusion

The Community Health Improvement Partnership of Morrow County and Local Community Advisory Council utilized collective professional experience and community input to consider the areas of need or conversely areas of satisfactory health. Overall, the general population health status had not changed significantly since the 2018 review. The leading causes of death remained the same, and the health or risk behaviors that contributed to good or poor health outcomes remained similar (overweight, tobacco use, blood pressure and cholesterol control and preventive screenings) to the degree that programs and services supporting chronic disease management and health promotion for disease prevention are important.

However, maternal depression rates for Oregon Health Plan participants in the Eastern Oregon Coordinated Care Organization (EOCCO) 12-county region and women in general in Oregon, are at a level that was concerning and “reported” good general health and good mental health days seem to be trending negatively.

It was also recognized that additional health planning and resources for special populations (Hispanic, low-income and older adults) will be required in the near and distant future and there are areas where addressing social determinants could also improve health.

Areas of Priority: Continue to improve communication with the community and improve communication and coordination among the health service providers, and provide education, programs and services to promote healthy lifestyles. Additionally, address maternal and family health, youth mental health, alcohol/drug/tobacco use, oral health, chronic disease, health-related workforce, and housing and food security needs in partnership with the EOCCO and Community Advisory Council.

ATTACHMENT 1

HISTORY OF COLLABORATION Community Health Improvement Partnership of Morrow County July, 2010 – December, 2011

Partnership Member

Blue Mountain Community College – Art Hill
Boardman Chamber of Commerce – Diane Wolfe
City of Boardman - Karen Pettigrew
City of Irrigon – Gerald Breazeale
Columbia River Community Health Services - Mindy Binder
Community Action Program of East Central Oregon (CAPECO) - Karen Wagner
Community Counseling Solutions Behavioral Health – Kimberly Lindsay
Diana Ball, older adult representative
Heppner All Saints Episcopal and Lutheran Churches - Katy Anderson
Heppner Chamber of Commerce – Sheryll Bates
Heppner United Methodist Church – Jonathan Enz
Intermountain Educational Services District Emergency Management Program – Maria Duron
Ione Community Agri-Business Organization - Betty Gray
Ione Community Church – Stacy Shelton
Ione School District – Jerry Archer
Irrigon Chamber of Commerce – Christine Sorenson
Jean Cassidy, Heppner resident
Kelly Boyer, Lexington resident
Morrow County Commission on Children and Families – Kim Carnine
Morrow County Health District – Mike Blauer
Morrow County Public Health Department – Sheree Smith
Morrow County School District – George Mendoza
Morrow County Sheriff's Office – Anne Alleman
Morrow County Special Transportation – Ed Baker
Morrow County Unified Recreation District – Cyde Estes
Morrow County Veteran's Services - Linda Skendzel
Oregon Office of Rural Health – Troy Soenen
Patti Smith, resident of Heppner
State of Oregon Self-sufficiency Program – Ivonne Lopez and Roberta Shimp
Town of Lexington Council
Umatilla Morrow County Head Start – Amy Hendrix
Umatilla Morrow County Head Start Resource and Referral Program – Starla Halvorson

Medical Community Representative

Betsy Anderson, physician
Ed Berretta, physician
John Adair, physician assistant
Molly Rhea, RN
Murray's Drug Pharmacy
Robin Bredfield, RN
Russ Nichols, physician
Sheridan Tarnasky, physician assistant

Community Visioning

Barb Huwe, Irrigon resident
Boardman HealthMart and Pharmacy –Ray & Carol Michaels
Boardman Lutheran Church - Paul Berthelot
Boardman Parks and Recreation District – Ted Lieurance
Boardman Senior Center – Marge Shankle
Chet Phillips, Mayor of Boardman
City of Heppner Council
City of Ione Council
City of Lexington Council
John Murray, Morrow County Health District Board of Directors
Ken Grieb, County Commissioner
Leann Rea, County Commissioner
Stokes Landing Senior Center – Jane Weston

Media Representative

Heppner Gazette Times – Andrea DiSalvo
North Morrow County Times – Lynn Pragg

Public Health Knowledge/Expertise

Sheree Smith, RN, Morrow County Health Department Director, entered field of public health nursing over 20 years ago before assuming public health leadership.

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources.

**Local Community Advisory Council to
the Eastern Oregon Coordinated Care Organization
Collaboration List
July, 2013 – June, 2015**

Members

Kim Carnine – Commission on Children and Families
Diane Wolfe - Boardman Chamber of Commerce
Karen Pettigrew - City of Boardman
Aaron Palmquist - City of Irrigon
Jean Brazell – Town of Lexington
Michael Schaub - Columbia River Community Health Services
Sheryll Bates - Heppner Chamber of Commerce
John Murray - Murray’s Drug Pharmacy
Kimberly Lindsay – Community Counseling Solutions
Don Eppenbach – Community Representative
Donna Eppenbach - Community Representative
Sarah Crane-Simpson - Ione School District
Dan Grigg - Morrow County Health District
Dirk Dirksen - Morrow County School District
George Mendoza - Morrow County School District
Morrow County Veteran’s Services Linda Skendzel
Dan Daltoso - Umatilla Morrow County Head Start
Cathy Wamesley - Umatilla Morrow County Head Start
Mary Lou Gutierrez - Umatilla Morrow County Head Start
Erin Richards - Umatilla Morrow County Head Start
Deanna Lambert – Advantage Dental
Nicole Coe – Advantage Dental
Maryann Wren – Advantage Dental
Estella Gomez – Oregon Health Authority
Roberta Shimp - Oregon Self Sufficiency Program
Lolly Torres - Oregon Self Sufficiency Program
Michelle Brunick - Oregon Self Sufficiency Program
Nora Kramer – Oregon Child Development Coalition
Heidi Ziegler – Oregon Department of Human Services
David Brehaut – Department of Human Services – Aging and People with Disabilities
Emerson Ong - Oregon Office of Rural Health
Don Russell - Morrow County Commissioner
Leanne Rea Morrow County Commissioner
Terry Tallman Morrow County Judge
Michelle Meissner – CARE Program
Peggy Doherty – CARE Program
Kelly Holland – Morrow County Primary Care Veteran’s Telehealth Clinic
Yvonne Morter – Morrow County Health Department
Cheryl Tallman – Morrow County Health District Home Health and Hospice

Amy Sandy – Consumer Member

Medical/Health Community Representative

Betsy Anderson, physician

Community Focus Groups

Clara Beas, Linda Ramirez, Brian Gonzalez, Jesus Pacheco, Linda Rocio-Ramirez, Barbara Hug, Daren Strong, Rod Osgood, Lynn Dee Ramos, Kelly Boyer, Theresa Crawford, Kim, Cutsforth, Sandra Johnson, Merilee McDowell, Joe Perry, Jill Parker, and Leann Rea.

Public Health Knowledge/Expertise

Sheree Smith, RN, Morrow County Health Department Director, entered field of public health nursing over 20 years ago before assuming public health leadership.

Erin Anderson, RN, Healthy Families Program

Diane Kilkenny, RN, Healthy Families Program

Shelley Wight, Communicable Disease, Tobacco and Preparedness Program Manager

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources.

Joint CAC and CHIP Collaboration List July, 2015 – June, 2018

Members

Aaron Palmquist - City of Irrigon
Seth Whitmer - Columbia River Health
Emily Reynolds - Columbia River Health
Sheryll Bates - Heppner Chamber of Commerce
John Murray - Murray's Drug Pharmacy
Kimberly Lindsay – Community Counseling Solutions
Robin Bredfield – Community Counseling Solutions
Don Eppenbach – Community Representative
Donna Eppenbach - Community Representative
Rollie Marshall - Ione School District
Bob Houser - Morrow County Health District
Nicole Mahoney - Morrow County Health District
Dirk Dirksen - Morrow County School District
Marie Shimer - Morrow County School District
Erin Stocker - Morrow County School District
Rollie Marshall – Ione School District
Morrow County Veteran's Services Linda Skendzel
Jessica Britt - Umatilla Morrow County Head Start
Catie Brenaman - Umatilla Morrow County Head Start
Cathy Wamesley – Intermountain Educational Service District
Mary Lou Gutierrez - Umatilla Morrow County Head Start
Erin Bartsch - Umatilla Morrow County Head Start
Maryann Wren – Advantage Dental
Roberta Shimp - Oregon Self Sufficiency Program
Rebecca Gardner – Oregon Child Development Coalition
Heidi Ziegler – Oregon Department of Human Services
David Brehaut – Department of Human Services – Aging and People with Disabilities
Emerson Ong - Oregon Office of Rural Health
Don Russell - Morrow County Commissioner
Melissa Lindsay - Morrow County Commissioner
Jim Doherty - Morrow County Commissioner
Terry Tallman - Community At Large
Peggy Doherty – CARE Program
Ana Pineyro – CARE Program
Cristal Romero – CARE Program
Kelly Holland – Morrow County Primary Care Veteran's Telehealth Clinic
Yvonne Morter – Morrow County Health Department
Patricia Ortiz - Morrow County Health Department
Linda Skendzel – Morrow County Veteran's Services
Tom Meier – Morrow County Juvenile Services
Anita Pranger – Morrow County Transportation
Kristin Bowles – Morrow County Sheriff's Department

Angie Treadwell - OSU Extension Supplemental Nutrition Assistance Program
Rod Harwood - Greater Oregon Behavioral Health, Inc.
Kris Bohler - Greater Oregon Behavioral Health, Inc.
Kathryn Cheyney – Domestic Violence Services
Robin Ferguson – Domestic Violence Services
Carl Melle - Blue Mountain Community College
Paula Hall – CAPECO
Rosa Delgado – Oregon Department of Human Services

Medical/Health Community Representative

Kris Jones - Primary Care Clinics' Manager
Russ Nichols, Physician

Community Participation

Katy Anderson, Betty Gray, Ed Rollins, Tricia Rollins, Maria Orozo, Crystal Ramirez, Amado Juarez, Elia Amado, Fernando Ramirez, Francisco Ibanez, Patricia Ponce, Juan Medrano, Juana Lopez and Paola Cabrera, Sam Fisher, Ray Deloe, Raymond Lee, Thom Green

Public Health Knowledge/Expertise

Sheree Smith, RN, Morrow County Health Department Director, entered field of public health nursing over 20 years ago before assuming public health leadership.

Diane Kilkenny, RN, Morrow County Health Department Healthy Families Program

Shelley Wight, Morrow County Health Department Communicable Disease and Emergency Preparedness Coordinator

Molly Rhea, RN, Morrow County Health Department

Andrea Fletcher, MPH, Community Health Improvement Partnership Director, has experience in public health, community health education and rural health system planning and resources.

Estella Gomez – Oregon Health Authority

Troy Soenen – Greater Oregon Behavioral Health, Inc.

Joint CAC and CHIP Collaboration List July, 2018 – June, 2021

Members

Aaron Palmquist - City of Irrigon
Bob Houser – Morrow County Health District
John Murray - Murray’s Drug Pharmacy, Morrow County Health District Board
Carrie Grieb – Morrow County Health District Board
Don Eppenbach – Community Representative
Donna Eppenbach - Community Representative
Rollie Marshall - Ione School District
Nicole Mahoney - Morrow County Health District
Dirk Dirksen - Morrow County School District
Marie Shimer - Morrow County School District
Erin Stocker - Morrow County School District
Rollie Marshall – Ione School District
Linda Skendzel Morrow County Veteran’s Services
Catie Brenaman - Umatilla Morrow County Head Start
Erin Bartsch - Umatilla Morrow County Head Start
Rebecca Gardner – Oregon Child Development Coalition
Heidi Ziegler – Oregon Department of Human Services
Emerson Ong - Oregon Office of Rural Health
Don Russell - Morrow County Commissioner
Peggy Doherty – CARE Program
Ana Pineyro – CARE Program
Cristal Romero – CARE Program
Yvonne Morter – Morrow County Health Department
Christy Kenny – Morrow County Juvenile Services
Katie Imes – Morrow County Transportation
Maria Ximena Williams - OSU Extension Supplemental Nutrition Assistance Program
Kathryn Cheyney – Domestic Violence Services
Annie Kimbrel – CAPECO
Catherine Wisniewski – Good Shepherd Community Health System
Jessica Reker - Good Shepherd Community Health System
Jaime Crowell - Good Shepherd Community Health System
Connie Lobato – Morrow County School District
Hannah Williams – Blue Mountain Early Learning Hub
Sarah Brown – Community Counseling Solutions
Lisa Patton – Neighborhood Center of South Morrow County
Kim Cutsforth – Howard and Beth Bryant Foundation

Medical/Health Community Representative

Kris Jones – Morrow County Health District
Sonja Neal - Columbia River Health
Maryann Wren – Advantage Dental by Dentaquest
Kimberly Lindsay – Community Counseling Solutions
Karma Ezell – Irrigon Medical Clinic
Toni Nichols – Pioneer Memorial Clinic
Brynna Rust – Advantage Dental by Dentaquest
Katie Stahl – Advantage Dental by Dentaquest
Jodi Bissonette - Advantage Dental by Dentaquest
Molly Rhea – Morrow County Health District Home Health and Hospice

Public Health Knowledge/Expertise

Sheree Smith - Morrow County Health Department Director
Nazario Rivera - Morrow County Health Department Director
Diane Kilkenny - Morrow County Health Department CARE RN and interim Director
Yvonne Morter - Morrow County Health Department
Ian Murray - Morrow County Health Department CARE RN
Estella Gomez – Oregon Health Authority
Troy Soenen – Greater Oregon Behavioral Health, Inc./EOCCO
Courtney Valenzuela – Moda Health/EOCCO
Kathryn Hart – Moda Health/EOCCO
Kali Paine - Moda Health/EOCCO
Meghan Chancey – Eastern Oregon Healthy Living Alliance
Marcy McMurphy - Greater Oregon Behavioral Health, Inc./EOCCO
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