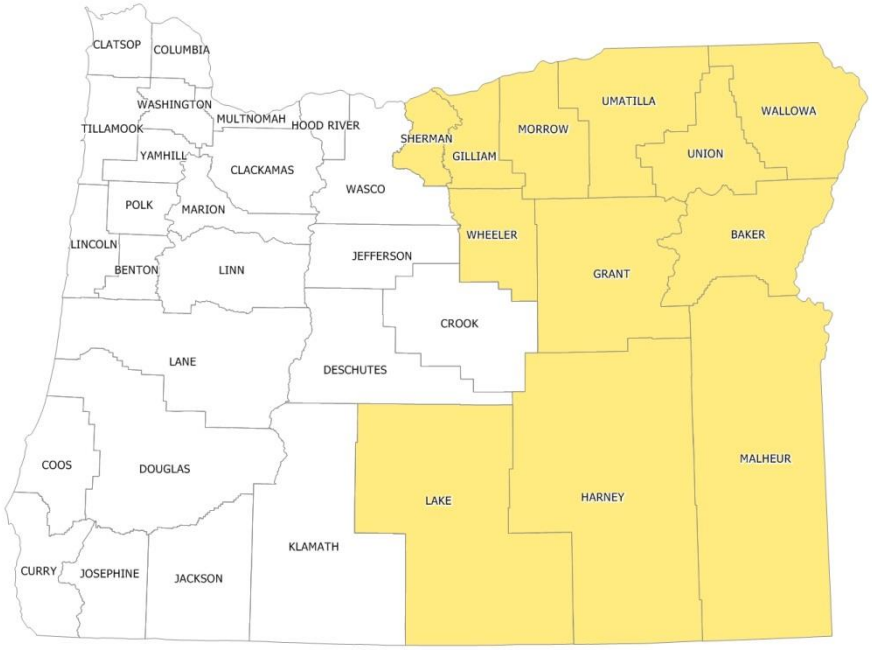
Community Advisory Council Health Assessment
Morrow County - 2013

Background, Community Engagement, and Areas of Focus

Background

In 2010, the Affordable Care Act was signed into law with the goal of making health care more effective and efficient. The law strives to achieve the "Triple Aim" of better health, better quality and lower costs The State of Oregon applied for a Medicaid Waiver to implement its own plan to achieve the Triple Aim. This plan includes using Coordinated Care Organizations (CCOs) as the vehicle to deliver better care and lower cost. In addition, Health Exchanges will facilitate the goal of offering more health care coverage to people who currently do not have any.

The Eastern Oregon Coordinated Care Organization (EOCCO) includes the following counties; Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler.



Map provided by Oregon Office of Rural Health

Community Advisory Council's (CACs) were formed in each county to accomplish transformation goals; they organized themselves in a way that allows them to work effectively and strategically. CACs identified the resources and activities communities need to achieve intended results.

Every community is different, but there are similarities in the process by which communities mobilize to affect change. Leadership, Assessment, Planning, Implementation, and Evaluation are critical phases of change.

Local Community Advisory Council Membership

The primary charge of each LCAC is to advocate for preventive care practices, to oversee and collaborate with community partners on a Community Needs Assessment, and to develop, implement and report on a Community Health Improvement Plan.

CAC Members currently serving Morrow County:

Sheree Smith-Chairperson
Mindy Binder - Vice Chair
Heidi Zeigler-Secretary
Terry Tallman-County Judge
Aaron Palmquist
Andrea Fletcher
David Brehaut
Michelle Brunick
Cathy Wamsley
Sarah Crane-Simpson
Daniel Grigg
Dan Daltoso
Deanna Lambert
Diane Wolfe
Dirk Dirksen
Deane Kilkenny
Donna Eppenbach
Erin Richards
Henry Zitterkob
Sheryll Bates
Ivonne Lopez
Jean Brazell
Jenny Chavez
Kelly Holland
Kim Carnine
Kim Cutsforth
Karen Pettigrew
Leann Rea Injrea
Marylou Gutierrez
George Mendoza
Linda Skendzel
Nikki Coe
Nora Kramer
Roberta Lutcher
Roberta Shimp
Lolly Solistorres
Shelley Wight
Terry Tallman
Vickie Turrell
Kimberly Lindsay

Quantitative Data Collection

EOCCO Community Advisory Councils conducted a Community Health Assessment by collaborating with the Oregon Health Authority Office of Equity and Inclusion to develop meaningful baseline data on health disparities.

Each CAC partnered with local public health authority, local mental health authority and hospital systems to develop a shared Community Health Assessment process. Existing county resources where used from community partners when available.

In reviewing the data sets below it should be noted that the death rates are not age-adjusted and thus populations with a greater elderly population will have higher rates. Also, in small populations' data that is expressed as a rate where the time period under consideration is only one year one or two cases may skew the data/rate inordinately.

Community Advisory Council Health Assessment
Morrow County - 2013

OHA Required Data Elements for CCOs	Statewide:	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
Age PSU 2012													
Total	3,899,801	16,210	1,900	7,450	7,315	7,920	31,395	11,300	1,765	77,120	26,175	7,015	1,425
Ages 0 - 17	861,856	3,252	351	1,362	1,601	1,473	7,927	3,125	348	20,397	5,956	1,356	260
Ages 18 - 64	2,456,875	9,183	1,095	4,147	4,224	4,727	18,533	6,630	1,012	46,434	15,548	3,904	736
Ages 65+	581,070	3,775	454	1,941	1,490	1,720	4,934	1,545	405	10,289	4,671	1,756	429
Race 2007-2011 ACS													
White	87.6%	96%	92.8%	95.2%	92.9%	92.1%	81.1%	88.0%	95.9%	87.4%	94.0%	96.3%	96.7%
African American / Black	1.7%	0.4%	0.3%	0.4%	0.4%	0.6%	1.4%	0.2%	0.2%	0.6%	0.4%	0.2%	0.0%
American Indian	1%	**1.1%**	0.2%	1.0%	**2.9%**	**2.0%**	0.8%	0.7%	0.4%	**2.2%**	0.4%	0.4%	0.4%
Asian *	3.9%	0.4%	0.3%	0.2%	1.0%	0.5%	1.1%	0.9%	0.2%	0.9%	0.8%	0.2%	0.0%
Pacific Islander		0.0%	0.2%	0.0%	0.1%	0.2%	0.2%	0.1%	0.0%	0.1%	0.1%	0.6%	0.0%
Other	1%	0.3%	**4.5%**	0.3%	0.3%	**1.4%**	**10.0%**	**6.1%**	**1.2%**	**4.2%**	0.8%	0.5%	0.9%
2 or More	2.8%	1.9%	1.7%	**2.9%**	2.3%	**3.3%**	**5.4%**	**4.0%**	2.3%	**4.6%**	2.8%	1.9%	2.0%
Ethnicity Hispanic 2007-2011 ACS	11.5%	3.3%	8.3%	2.6%	3.8%	6.4%	**30.9%**	**30.6%**	5.8%	**23.0%**	3.5%	2.2%	1.2%
Language 2007-2011 ACS speak English less than "very well"	6.4%	1.4%	2.3%	0.7%	0.7%	2.0%	**10.1%**	**13.9%**	3.1%	**8.1%**	2.5%	0.7%	0.9%
Gender 2007-2011 ACS (F / Female; M/Male)	49.3% F	50.7% M	54.3% M	49.3% M	51.6% M	52.5% M	54.6% M	50.9% M	50.5% M	52% M	49.1% M	50% M	47.4% M
Lesbian, Gay, and Bi-sexual population	State rate = 4.5% ; EOCCO counties combined = 1.6%												
Family size 2007-2011 ACS	3.02	2.66	2.6	2.63	2.6	2.6	**3.25**	**3.35**	2.78	**3.2**	2.85	2.86	2.55
Disability status (N/A more recent than 2000 Census)	28.8%	27.0%	28.7%	21.6%	20.6%	26.7%	21.0%	23.2%	28.7%	21.0%	26.9%	21.2%	N/A
Employment 2012 OR Employment Dept unemployed	8.7%	**10%**	7.4%	**13.4%**	**12.6%**	**12.8%**	**9.8%**	8.2%	8.4%	8.4%	**9.2%**	**10.2%**	7.6%
Households Homeless	N/A	4	8	N/A	3	31	31	5	N/A	107	20	0	1
Renters	36.9%	30.80%	**37.0%**	29.2%	34.8%	33.9%	34.3%	28.2%	33.5%	35.6%	34.8%	25.1%	26.1%
Overall health Good, Very Good, or Excellent BRFSS 2006-2009	86.9%	**85.5%**	**77.7%**	87.0%	**83.6%**	91.4%	**83.8%**	**85.7%**	**77.7%**	**82.7%**	87.0%	88.8%	**79.2%**
Tobacco use Smoking BRFSS 2006-2009	17.1%	**20.0%**	**22.8%**	**24.4%**	14.3%	**19.9%**	**22.0%**	**23.0%**	**22.8%**	**24.2%**	14.0%	13.0%	S
Tobacco use Smokeless BRFSS 2006-2009 by males	6.3%	**18.3%**	**8.4%**	**30.3%**	**28.7%**	S	**23.5%**	**19.6%**	**8.4%**	**13.3%**	**20.9%**	**19.0%**	S
Obesity BRFSS 2006-2009	24.5%	22.3%	**31%**	**27.9%**	22.8%	19%	**33%**	**36.0%**	**31%**	**36.0%**	23%	19.5%	S
Heart disease 2007-2011 Death Rate per 100,000	163.1	**272.8**	**237.8**	**231.8**	**230.9**	**176.8**	**237.3**	118.0	**251.7**	161.3	**177.2**	**235.6**	**345.8**
Stroke 2007-2011 Death Rate per 100,000	47.9	**63.5**	**54.1**	**62**	**62.5**	**80.8**	**62**	39.3	22.9	**50.4**	**62.6**	**62.5**	**55.3**
Intentional injuries	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Unintentional injuries 2007-2011 Death Rate per 100,000	41.9	**78.5**	21.6	**56.6**	**84.2**	**68.2**	**44.8**	**42.9**	**68.6**	**44.7**	**45.8**	**59.6**	**69.2**
Suicide 2007-2011 Death Rate per 100,000	16.2	**31.1**	**43.2**	**24.3**	**21.7**	**30.3**	14.1	10.7	11.4	**17.7**	**19.1**	**17**	**41.5**
Prescription drug abuse (no county specific data)													
Mental health conditions Good BRFSS 2006-2009	66.4	72.1%	66.8%	66.9%	75.9%	79.0%	81.3%	74.8%	66.8%	71.6%	**63.9%**	77.9%	95.7%

* Statewide lists as "Asian / Pacific Islander" and county specific data lists two group = "Asian" and "Pacific Islander."
S – Suppressed Data
Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

Community Advisory Council Health Assessment
Morrow County - 2013

EOCCO Specific Data:	Statewide	Baker	Gilliam	Grant	Harney	Lake	Malheur	Morrow	Sherman	Umatilla	Union	Wallowa	Wheeler
% of population without high school diploma 2007-2011 ACS	11.1%	**11.6%**	**13.2%**	11.0%	**11.2%**	**12.8%**	**20.4%**	**22.9%**	9.6%	**18.2%**	11.0%	7.3%	**12.6%**
% single parents 2007-2011 ACS	30.4%	**31.5%**	**34.5%**	**33.3%**	**30.9%**	29.8%	**31.6%**	**33.2%**	26.0%	**32.4%**	**31.2%**	**35.1%**	**48.9%**
% elderly poverty (Age data only 18 or less)													
% of population in poverty 2011 Small Area Income and Poverty	17.3%	**20%**	11.8%	17.2%	**18.6%**	**20.6%**	**24.5%**	16.1%	15.0%	**17.7%**	15.8%	16%	**20.1%**
Binge Drinking (BRFSS data)													
Male	18.7%	11.1%	17.0%	S	S	13.6%	S	S	17.0%	17.5%	S	**28.5%**	S
Female	10.8%	9.6%	4.3%	**26.6%**	S	S	10.2%	**18.6%**	4.3%	6.6%	5.6%	**43.1%**	S
Heavy Drinking (BRFSS data)													
Male	5.4%	S	S	S	S	S	S	S	S	S	S	S	S
Female	6.1%	5.9%	S	**10.5%**	S	S	S	S	S	2.6%	4.8%	**17.8%**	S
Physical activity levels (BRFSS data) Met CDC recommendations	55.8%	**42.3%**	57%	57%	**54%**	60%	57%	**52%**	57%	60%	**50%**	**44%**	S
DUI Rates Arrests 2009 Criminal Justice Commission per 100,000	506	389 **	**1,014**	**896.8**	**1007**	**750.6**	474	488.2	**669.6**	**578.6**	473	212.9	345.5
% of population without personal transportation 2007-2011 ACS	7.7%	5.8%	5.3%	6.4%	6.6%	4%	6.4%	6.1%	2.2%	6.1%	7.4%	5.1%	1.5%
% of population without access to phone 2007-2010 ACS	2.9%	**4.2%**	1.9%	2.3%	**3.8%**	**4.4%**	2.7%	**3.0%**	1.3%	**3.0%**	**3.1%**	2.1%	1.0%
EOCCO Specific Data which relates to youth and potentially the Early Learning Councils													
% of population under age 18 PSU 2012	22.3%	20.1%	18.5%	18.3%	21.9%	18.6%	25.2%	27.7%	19.7%	26.4%	22.8%	19.3%	18.3%
% of births to mothers younger than 18 2010 OHA	2.2%	1.8%	**4.8%**	n/a	**3.4%**	1.4%	**4.4%**	1.8%	n/a	**3.6%**	**2.5%**	1.6%	n/a
low birth weight infants 2010 OHA per 1000 births	63	**67.1**	n/a	50.8	**90.9**	**114.3**	56.6	49.1	n/a	**63.2**	**85.4**	16.4	**133.3**
% of mothers receiving inadequate prenatal care 2010 OHA	5.5%	5.5%	4.8%	**8.5%**	**6.0%**	**7.2%**	**12.8%**	**13.5%**	**6.2%**	**9.7%**	**9.6%**	3.4%	n/a
% premature births (Not recorded by OHA)													
% of women experiencing abuse before or during pregnancy													
Infant mortality rate (HIPPA issue?) 2009 OHA per 1000 births	4.8	**32.7**	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4.0	**12.7**	n/a	n/a
Maternal Depression/Prenatal Depression Rates													
Child Maltreatment Rates Abuse DHS 2011 per 1000 under 18	13.4	**24.1**	**60**	11.4	12.3	**25.4**	**19.4**	**16.5**	n/a	9.3	**22.5**	**14.9**	**53.1**
% of schools meeting physical education standards (as measure of child access to physical activity)													
# or % of children on school lunch program (potential measure of food insecurity) 2011-2012 School Year	51.7%	42.8%	32.6%	**58.4%**	**59.7%**	50.4%	**69.8%**	**71.4%**	**52.4%**	**62.9%**	**53.3%**	37.5%	48.5%
% of children attending preschool prior to entering kindergarten													
% of children screened with a developmental tool (by 36 months of age)													
% of children current with immunizations by age 3	66.6%	72.3%	68.7%	**62.3%**	**53.4%**	**53.8%**	**61.8%**	68.1%	68.7%	**58.0%**	**63.7%**	**57.9%**	S

* 2008 rate
S = Suppressed Data
Bold = County rate is higher than statewide rate (or lower if a higher rate is more positive)

Community Engagement Process

Community Advisory Councils used qualitative assessments to explore values, perceptions, and the "why" behind the "what" of community members. These assessments do not strive for a statistical sampling. Rather they reach for the reason behind the numbers generated from the quantitative assessments such as surveys, vital statistics and behavioral risk factor studies.

Qualitative assessments help the assessment process to determine the distance between what the statistics show as a community need and what the community perceives as a need. The Morrow County CAC utilized available qualitative assessment data that was included through a 2010-2011 Community Health Improvement Partnership of Morrow County (MCCHIP). The complete MCCHIP Community-based Health Needs Assessment summary report is located on the Oregon Office of Rural Health Web site at: http://www.ohsu.edu/xd/outreach/oregon-rural-health/hospitals/chip/upload/Morrow-County-Community-Based-Health-Needs-Assessment.pdf

Morrow County CAC conducted a 2013 Community Health Needs Assessment which included community engagement techniques in the form of Key Informant Interviews and Focus Groups. Summarized results from these assessments are included in this report.

Key Informant Interviews

Key Informant interviews are not meant to be a statistical sampling of communities. This process gathers qualitative information – opinions, attitudes and beliefs. The concern is not with specific numbers. Hence, instead of stating "Seven key informants of the 65 interviewed perceived…" We use terms like "many," "some," "majority," most," etc. The key is being consistent in their use.

Thirty-one key informant interviews were reported. Not all interviewees answered all questions. The demographics of the respondent group are largely unknown or unreported to this writer. The respondents were reported to be Hispanic. Twenty-nine (29) reside in the Boardman area and two reside in Irrigon.

Following is a summary of *key* findings reflecting attitudes, opinions and beliefs of participants. The findings ARE NOT intended as a statement of fact and to consider them as such would be erroneous.

***Key* questions and response taken from the Key Informant Report:**

What do you perceive as the most important health system (resource) problem facing your community?

- Lack of providers
- Lack of services
- Lack of specialists, including pediatric dental care
- Insufficient healthcare coverage

What do you see as the most important health problems facing your community?

- Diabetes
- Obesity
- Flu viruses

What is your perception of other community health functions?

- A *majority* of people said that the following services are not available in Northern Morrow County: Adult Foster Care; Alternative Providers; Assisted Living Facilities; Children's Foster Care; Chiropractic; Dietary Services; Drug and Alcohol Prevention; Drug and Alcohol Substance abuse; Foot Care; Home Health; Hospice; No Hospital (Hermiston); Mental Health Services; Prevention Care/Health Promotion; Teen Pregnancy Prevention; Tobacco Prevention; Senior Programs.
- *Many* people stated that Public Health provided high quality and affordable care.
- *Some* people state that Ambulance Service are of high quality and accessible.

Focus Groups

Morrow CAC members organized and held three focus group sessions in September/October 2013, in the communities of Boardman, Irrigon, and Heppner. All focus groups were conducted by a facilitator that led each group through a master set of questions that were developed by Morrow CAC members.

A *brief* summary of discussion points from each focus group follows:

Boardman

1. What does "healthy lifestyles" mean to you? (Boardman, Irrigon, and Heppner)
    - Taking care of myself mentally and physically
    - Having facilities and resources to support healthy lifestyles
    - Dissemination of information

2. What contributing factors should be addressed in Morrow County?
    - More communication
    - Parent involvement
    - Promotion of healthy lifestyles

- Encouraging parents to really engage and practice healthy nutrition, healthy living

What has occurred that has worked?

- The "Biggest Winner" community engaged program
- Personal contact to involve community members in activities
- The community translator system

Are there other communications that would work (in Morrow County)?

Local radio stations including Hispanic stations; television stations; consistent and regular messaging; monthly newspapers; bilingual newspaper; and dissemination of information through the Chamber of Commerce.

Other contributing factors:

A high percentage of youth are using smokeless tobacco. This is being recognized by the Public Health Department and Positive Action groups in the schools.

3. Are there particular things we should know about subpopulations?
   - Not enough early childhood programs
   - Senior Center needs active leadership
   - Long-term transportation and care for elderly

   It not well known that transportation services are available for Migrant, Citizenry, Morrow County Vets, Good Shepherd Hospital. A plan for coordinating transportation services in unknown by this group.

4. What are the challenges for implementing change? Who should be responsible for implantation? Additional Comments?
   - Identifying, implementing and coordinating a single source of communication, that would be bilingual.
   - CHIP Program, Parks and Recreation, Chamber of Commerce
   - Mental Health services are lacking in the community and in the schools

Irrigon

1. What does "healthy lifestyles" mean to you?
   - Activity, eating right, drinking right, plenty of rest, exercise
   - Mental attitude. Positive outlook on life. Willingness and desire to be healthy
   - Support groups, community, family, friends, etc.

2. What contributing factors should be addressed in the local community and county?
   - Establishing places to recreate/community gym
   - Transportation to take community members to recreation activities
   - Leaders need to engage and listen (to community members)

How does the community encourage this type of leadership because it penetrates everything? How do we transcend they type of thinking at the county level?

- Motivate through incentive programs that are tied to paychecks
- Foster team competitions (i.e. the Biggest Winner program)
- Have a variety of healthy activities to choose from (yoga, tia chi, etc.)
- Personal well-being is a high priority and valuable component for impacting broad-based outcomes

Where do we focus as a community – a specific age or at all levels?

- All levels
- A focus on nutrition is important; people who feel appreciated are motivated to do more; components of evaluated outcomes need to divided for maximum effectiveness

3. Are there particular things we should know about subpopulations?
    - Nutrition for Senior Citizens
    - Issues that affect the Hispanic population such as; media bias, limited communication skills, social differences
    - Limited transportation
    - Low income population

4. What are the challenges for implementing change? (mentioned above)

5. Who should be responsible for implementation
    - Employers; faith-based organizations; community members; leadership; Community Advisory Council

6. Additional community issues that were not discussed:
    - Air quality due to crop production
    - Affordable housing
    - Low income wages without benefits (health insurance, retirement)

Heppner

1. What does “healthy lifestyles” mean to you?
    - Being active
    - Having access within the community to affordable health facilities and education
    - Having resource people in the community by way of agencies (i.e. public health) and volunteers to provide direction and education

Important to being able to develop and maintain healthy lifestyles are:

- Employers who encourage healthy behaviors; health habits; good water; clean air

What are the contributing factors that should be addressed?

- The need for a place to go work out
- Need for safe walking, biking paths/lighted sidewalks
- Youth education focused on the impact of smokeless tobacco use
- Transportation issues (i.e. cost to travel to medical appointments, winter road conditions, impact to food shopping and employment)

Are there particular things we should know about subpopulations?

- Youth – high smokeless tobacco use
- Children's nutritional needs both in school and at home
- Diabetics need nutrition education
- Hispanic and Seniors need transportation (collaboration currently underway)
- Affordable housing concerns for refugees; Hispanic; and others

What are the challenges for implementing change;

- Employer's recognize they need to be involved with resolving local issues
- Community buy-in and individual desire to change
- Finding a place for group exercise

Who should be responsible for implementation?

- Individual choice
- Employers provide education regarding insurance benefits
- Schools and worksites promote policy changes and assist individuals who are trying to change unhealthy habits to healthy

Additional comments with issues were not raised during this session?

- Positive feedback regarding Drug-Free education throughout the community

MORROW COUNTY

Partners

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

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

Data Sources

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

- Maternal Risk Factors by County of Residence, Oregon, 2010 report
- Morrow County Public Health Annual Plan for 2012-2013
- Key Informant Interviews within the Latino population in the Boardman area
- Morrow County Epidemiological Data on Alcohol, Drugs and Mental Health for 2000 to 2012 (includes BHRFS, Oregon Healthy Teens Survey and Oregon Student Wellness Survey)
- 2013 County Health Rankings which includes 2010 Behavioral Health Risk Factors Data (BHRFS) and motor vehicle crash data.
- Oregon 2008 Criminal Justice System reports for DUI rates

Priority Needs

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

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

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

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