



COMMUNITY HEALTH  
IMPROVEMENT PARTNERSHIP  
OF MORROW COUNTY

IMPROVING HEALTH FROM RIVERS TO ROLLING HILLS

# 2021 HEALTH IMPROVEMENT PLAN

Prepared and approved by:  
Morrow County Community Advisory Council

## Overview

In 2010, the Affordable Care Act (ACA) was signed into law with the goal of making healthcare more available and better managed. The law strived to achieve the Triple Aim — better health for all, better quality services and lower costs. The State of Oregon applied for a Medicaid Waiver to create its own plan to meet the Triple Aim. This plan uses coordinated care organizations (CCOs) to deliver care. The Oregon Health Authority (OHA) asked each CCO statewide to conduct a community health assessment (CHA) and create and update a Health Improvement Plan (HIP).

The Eastern Oregon Coordinated Care Organization (EOCCO) service area includes 12 counties varying in population from 1,425 to 77,120. It is a large territory covering 49,923 square miles with a total population of 196,990. Ten of the 12 counties are considered “frontier,” which means fewer than six people per square mile live in the area. Each county is unique and Morrow County is one of 12 counties served by the Eastern Oregon Coordinated Care Organization.

Everyone should have the opportunity to lead healthy, meaningful and long lives in communities that are supportive of achieving optimal health. The Morrow County Community Advisory Council (CAC) is responsible for helping to ensure EOCCO is responsive to member and community health needs. The primary charge of each local community advisory council is to: advocate for preventive care practices; oversee and collaborate with community partners on a community health assessment and develop and implement a community health improvement plan. The HIP is a tool utilized to bring partners together to improve health outcomes of the population.

## Aim

Improve access to care and strengthen the local health and human service system through joint assessment and planning.

## Strategies

Attain a high quality, cost-effective and accessible health care system for the people of Morrow County through the following means:

1. Monitor health outcomes
2. Focus on wellness and attaining the highest level of health for the individual and community
3. Promote equitable access to health and human services
4. Recognize social determinants that affect a person’s health
5. Utilize evidence-based care and programs as a strategy to improve health outcomes
6. Ensure the sustainability of local health services and resources
7. Promote local health workforce development

## Summary of Community Health Assessment

The Community Health Improvement Partnership of Morrow County completed an update to the Community Health Assessment in 2018. Additionally, the Eastern Oregon Coordinated Care Organization compiled an updated health risk and community assessment related to the EOCCO population and presented the findings to the Community Advisory Council for health improvement plan revision and approval in 2019. The HIP is revised annually.

The assessment and plan are available on the Morrow County Health Department website <https://www.co.morrow.or.us/publichealth>. For any questions, comments or concerns, please contact Andrea Fletcher at mcchip11@gmail.com.

## Criteria determining needs to be addressed

When determining health priorities to be addressed, the following criteria were considered:

- Magnitude of the issue
- Data availability
- Weight of the impact
- Resource availability

## 2021 Priority Areas

1. Maternal, Child and Family Health
2. Behavioral Health/Alcohol, Tobacco and Substance Use
3. Oral Health
4. Chronic Disease (diabetes) and Risk Factor (obesity)
5. Workforce
6. Social Determinants of Health – Housing and Food Security (awareness - language, childcare, education, and transportation)

## Objective/Outcome

### **Priority: Maternal, Child and Family Health**

#### **Rationale**

Child and family needs are continuously revealed to the CARE team through interaction with students in Morrow County schools and also identified by health care and community partners. These needs require the long-term and consistent financial viability of the CARE Program and Wellness Hub to help improve the health of individuals and the community. There are a number of strategies being implemented in Morrow County with opportunities to continue to improve communication, coordination, planning and evaluation.

#### **Goals**

Promote the well family.

Increase availability and support the growth of coordinated health services and resources available to serve children age 0-21, pregnant women and families.

Strengthen the local health and human service system by utilizing the multidisciplinary community team (CARE) and Wellness Hub that align strategies and provide case management and wraparound services to improve access to resources, health screenings, referral, care and follow-up.

Stay abreast maternal depression rates and identify possible intervention strategies.

## **Maternal, Child and Family Health Activities**

1. By December, 2021, the CARE Team will continue to meet at regular monthly meetings to communicate program progress and needs, coordinate service delivery and plan for additional or changed services. Nurse CARE Manager and CARE Coordinators will have individual contact weekly with each other.
2. By December, 2021, the Care Team and Wellness Hub – an innovative braiding of resources that exist in Morrow County consisting of CARE coordinators, primary medical, oral and mental health care providers, safety resource officers and early learning partners that provide immediate and efficient wraparound services to children and families - will track and report screenings, referrals and follow-up and chronic absenteeism rates.
3. By April, 2021, The Adolescent Well Care Workgroup (health care providers, CARE Team, health department and school administrators) will provide targeted messages to school administrators/secretaries, athletic directors, parents and community about the value of well care visits.
4. Review the plan between Morrow County Health Department CARE RN supervisor and Morrow County school districts to deliver wrap around CARE services. CARE team will evaluate and document every new kindergarten student and their family for health insurance assistance, immunization status, primary care home access, well care visits, dental screenings and sealants, and needed community resources in cooperation with school districts. The Morrow County Health Department CARE RNs will continue to provide school-age-appropriate immunizations.
5. Continue to collaborate with Morrow County school districts, health district and FQHC to streamline access for students to health services through use of a consent form signed by parents at school registrations or when in contact with the CARE Team or CARE RNs.
6. The Blue Mountain Early Learning Hub will work with Morrow County Health District and Columbia River Health to increase use of the online ASQ system. Further, the Hub will help to ensure partners know about the referral process for children needing development and/or education resources to IMESD.
7. Through June, 2021, CARE Team provides EOCCO clients assistance with dental appointment scheduling and follow-up with Advantage Dental.
8. Partner with UMCHS Healthy Families Oregon, Nurse Family Partnership, Maternal Infant Child Engagement Universal Referral Home Visiting Program, CaCoon and Babies First, which serve clients in Morrow County, focusing on parent engagement, maternal mental health and other services as needed.

## **CCO Incentive Measures (past and present)**

**AWC Well Child, Childhood and Adolescent Immunization, Dental Sealants and New Members Receiving Preventive Dental Services Age 1-14, Screening for Depression age 12+, Developmental Screening, Effective Contraceptive Use, Timeliness of Prenatal Care and SBIRT**

### **YEAR 2022-2025**

1. Review Care Team Workplan, revise if necessary and implement changes.
2. Promote parenting classes, parent networks of support through home visiting, “Conscious Parenting” workshops, “Learning Picnics” and Domestic Violence Service “Parenting” classes.
3. Support well-care education, outreach and family health improvement activities.
4. Stay abreast of nurse home visiting program activities: Maternity Case Management, Nurse Family Partnership, Babies First and CaCoon.
5. Align programs and services with Eastern Oregon Healthy Living Alliance.
6. Advise and provide resources to Health Leadership Team development at junior and senior high schools.

## **Priority: Behavioral Health**

### **Rationale**

Behavioral health 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. As a result, 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.

### **Goals**

Improve behavioral health outcomes for children and adolescents in Morrow County by ensuring access to timely and high-quality care.

### **Behavioral Health Activities**

**All completed by December, 2021, as allowed as allowed by COVID-19 restrictions.**

1. By June, 2021 examine current behavioral health programs and activities for connection to partner programs.
2. Continue SPURS Program (mentor program) that pairs high school students with younger students struggling with emotional issues or distress. Assess regularly how to implement changes with COVID-19 restrictions.
3. UMCHS and OCDC Headstart partnership classrooms conduct mental health assessments for all children and provide referral as needed.
4. Work with Morrow County Juvenile Department to investigate the addition of a youth behavioral health treatment diversion program

### **Incentive Measures (past and present)**

**Depression Screening and Follow-up Plan Age 12+, Mental Health Assessment DHS Custody, ED Mental Health, SBIRT and Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment**

## **YEAR 2022-2025**

1. Re-examine behavioral health data, programs and activities for connection to partner programs.
2. Pursue opportunities to improve “social connectedness” for students and families.
3. Continue SPURS (Students Providing Understanding and Respectful Support) Program.
4. Promote development of student health advisory councils or leadership in secondary schools.
5. Support Community Counseling Solutions (CCS) implementation of Zero Suicide Program.
6. Align Mental Health First Aid program with Eastern Oregon Healthy Living Alliance.



## **Priority: Oral Health**

### **Rationale**

Improving oral health is an integral part of overall health and well-being across the lifespan. Oral diseases affect what we eat, how we communicate, the way we look, our ability to learn and how we feel about ourselves. Despite being a preventable disease, tooth decay is the most common chronic disease affecting children and teens.

Recent studies show there may be a link between oral health and other chronic diseases. Dental decay in childhood has been linked to increased risk for future decay, and chronic oral infections are associated with an array of other health problems such as heart disease, diabetes and unfavorable pregnancy outcomes. Among pregnant women, oral infections can increase the risks for premature delivery and low birth weight babies. 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.

### **Goals**

Improve access to care and availability of preventative services for children ages 0-20, pregnant women and families.

Decrease the incidence/prevalence of dental disease.

Increase oral health assessments and dental utilization while providing risk-based dental services in the community setting.

### **Incentive Measure (past and present)**

**Dental Sealant, New Members Receiving Preventive Dental Services Age 1-14, Oral Health Assessment DHS Custody and Oral Evaluation Adults with Diabetes**

## **Oral Health Activities**

**All completed by December, 2021, as allowed by COVID-19 restrictions.**

1. Advantage Dental will work with Morrow County schools and CARE Team to increase the number of oral health assessments for children ages 0-20 by utilizing Advantage Dental Expanded Practice Dental Hygienists in the school or community setting.
2. Provide risk-based dental services to children identified via oral and caries risk assessments.
3. Provide oral hygiene instruction and tooth brushing bags to school aged children that receive oral health assessments.
4. After oral health assessments in the school setting, determine needs in children, and upon receiving parental consent, sealants will be applied by Advantage Dental EPDHs. The data will be entered and tracked in ADIN.
5. Advantage Dental will promote and offer Maternity Teeth for Two and First Tooth oral health training to health care providers.
6. Health care providers work to create “closed-loop” referral system.
7. Utilize dental professionals and CARE coordinators to visit junior high and high school growth and development classrooms to educate students on the importance of life-long oral hygiene practices.
8. Six mini dental learning lab tote bins are available for classroom teachers and CARE coordinators to utilize in teaching lessons on: tooth brushing, flossing, importance of fluoride and healthy nutrition to improve oral health.
9. CARE coordinators, community health workers, public health nurses and other home visitors will have access to mini dental learning lab tote bags for home visits.
10. Mojo Monkey (book and handouts) available for Advantage Dental hygienist to distribute information about importance of dental sealants.
11. Umatilla Morrow Headstart has oral health station available for use at OPEC Learning Picnics.

## **YEAR 2022-2025**

1. Review Oral Health Workplan, revise if necessary and implement changes.
2. Support oral health education, outreach and activities.
3. Support the partnership between Advantage Dental and Eastern Oregon Healthy Living Alliance.

## **Priority: Chronic Disease**

### **Rationale**

An upward trend in the development of chronic disease has been observed with over fifty percent of the Morrow County population estimated to have more than one chronic disease. The burden of diabetes is estimated to be 11% and one of the higher rates in Oregon. High blood pressure prevalence is also estimated to be over 50%.

### **Goals**

Improve health outcomes and decrease the incidence/prevalence of disease.

Develop strategies to modify health risk behaviors that impact the development of, or care for chronic disease conditions.

### **Chronic Disease Activities**

1. By December, 2021, continue support of EOHLA (Eastern Oregon Healthy Living Alliance) Healthy Eating Active Living Campaign and COVID-19 Mutual Aid Network.
2. Continue to support the food pantries and distribution programs.
3. Support SNAP-ed implementation of school-age services, activity kits, nutrition education and data collection to create a system-wide impact for the prevention of chronic disease.

### **Incentive Measure (past and present)**

**Cigarette Smoking Prevalence, Colorectal Cancer Screen, Oral Evaluation with Diabetes, HbA1c control, SBIRT, Controlling Hypertension and Comprehensive Diabetes Care and Obesity**

### **YEAR 2022-2025**

1. Revise and implement workplan.
2. Support health care provider and community partner plans to address chronic disease prevention or health behavior modification

## **Priority: Social Determinants of Health (Housing and Food Insecurity)**

### **Rationale**

Inadequate housing conditions are associated with both physical and mental illnesses. Structural features of the home directly impact health, while affordability and stability may indirectly impact health.

Three of every five households with extremely low income in Morrow County, pay more than 50% of their income in rent. In conversation with local city administrators, chamber of commerce directors and human service directors, anecdotally there is a perpetual shortage of houses available for purchase or rent to match the needs or desires of would-be renters/purchasers.

Eight percent of the people living in Morrow County experience food insecurity.

### **Goals**

Keep apprised of the effects of social determinants of health impacting health in Morrow County and identify areas to partner and address needs.

### **Social Determinants of Health Activities**

1. By December, 2021, Ione and Morrow County School District and community partners continue summer and school-break food and backpack programs.
2. By December, 2021, identify CAC members working with community partners currently addressing housing issues.
3. By December, 2021, support food pantries and local food distribution programs.

### **YEAR 2022-2025**

1. Request a county-wide housing data and progress presentation to CAC and discuss community initiatives that the CAC can support or actively participate with.
2. Identify community housing initiatives that the CAC can support or actively participate with.
3. Identify community food security initiatives that the CAC can support or actively participate with.
4. Work jointly with Rural Equity Allies to complete and review Social Determinants of Health (SDOH) indicator analysis.

**Incentive Measure (past and present) Meaningful language access to culturally responsive health care**

## **Priority: Health Workforce**

### **Rationale**

The rural health workforce in Morrow County has historically been very difficult to recruit for, and the workforce related to addressing the social determinants of health is being increasingly called upon to improve the health of the population.

### **Goals**

Identify strategies to create a pipeline system for identifying local future workforce prospects and initiate a system of local workforce development.

### **Health Workforce Activities 2022-2025**

1. The Workforce Workgroup will continue to convene to assess what areas of workforce development are of critical need and a priority in Morrow County.
2. Maintain network to support a strong local workforce.
3. Culture relationships with student health advisory councils or leadership teams.
4. Create a workplan to address workforce priorities to integrate with higher level courses, programs or training in conjunction with school districts.

### **Annual Review**

Document will be updated annually after reviewing incentive measure and/or new data and annual progress report.