
**Community
Based
Health
Needs
Assessment**

2011

**Morrow
County**

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INTRODUCTION

In September 2010, the Community Health Improvement Partnership (CHIP) of Morrow County, consisting of the primary and acute care, public and behavioral health organizations that provide local services convened a rural health network to work collaboratively to conduct a community-driven health needs assessment of the entire county. 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 enthusiastically joined by representatives from other health, human and public service agencies, members of the community, 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 strong. See Attachment 1 for Organization Collaboration List.

GEOGRAPHIC DESCRIPTION AND LOCATION

Morrow County, Oregon is located in the north central part of the state 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 dry land 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. Medical providers also support some level of health care and social services to three of the surrounding frontier counties. Morrow County has a Health Professional Shortage Area designation for primary medical, dental and mental health care. All of the counties surrounding Morrow have population or geographic shortage designations for primary medical, dental and mental health care as well. Heppner is the county seat and location of Morrow County Health District (MCHD) administration and Pioneer Memorial Hospital.

HEALTH SERVICE AREA DESCRIPTION CONTINUED

It is a forty-eight mile drive over a two lane state highway to the nearest micropolitan statistical area – Hermiston and sixty-six miles to Pendleton. As Umatilla County is also an area of medical underservice, this leaves very little accommodation for neighboring access to services, even if individuals have unimpeded transportation. Boardman, located in the north end of the county and the site of Columbia River Community Health Services (CRCHS, a federally qualified health center), is twenty-three miles away from Hermiston. This does not seem to be a great distance, however the low-income and migrant farm worker populations that reside in the area often also experience transportation barriers and have limited access to care due to the contiguous area's level of medical underservice.

METHODOLOGY

The assessment methodology was selected because it was developed specifically for rural communities and had been used successfully over the past twenty years. The process is extremely beneficial as it grants the community the ability to identify local needs and plan strategically to address them.

The CHIP sought funding opportunities to organize the community (county), determine community readiness, and raise awareness about the potential for improving health prior to conducting the community health needs assessment. The CHIP then planned and initiated an assessment of the health needs in cooperation with the Oregon Office of Rural Health.

1. The service area was defined by geography and the Morrow County Health District boundary.
2. The following quantitative data was collected by CHIP in a combined effort of local resources, the Oregon Health Authority, which collects health statistics data, and the Oregon Office of Rural Health, which maintains an information clearinghouse to provide customized community profiles.
 - ❖ Demographic data
 - ❖ Socio-economic indicators
 - ❖ Health status indicator data
 - ❖ Health risk factor survey data

METHODOLOGY CONTINUED

2. Quantitative Data Continued

- ❖ Health care resource inventory
- ❖ Health service utilization and scope of service analysis
- ❖ Health care practitioner supply and need analysis

3. Qualitative data was collected at the community level through the following methods.

- ❖ One-on-one key informant interviews with community members
- ❖ County-wide community visioning meeting

QUANTITATIVE DATA

Demographic

According to the 2010 U.S. Census Bureau population data, 11,173 people call this area home. Morrow County is a frontier county supporting 5.4 persons per square mile and is surrounded by three other frontier counties, all which have population densities of fewer than 2 persons per square mile. Much of the population (41%) exists outside of the incorporated cities.

Seventy-seven percent of the population is white. A growing Hispanic or Latino** population (40%) resides in the north end of the county. In contrast, the percent of persons of Hispanic or Latino origin in the state of Oregon is just over 11 percent and over 16 percent nationwide. Over 26 percent of the population report speaking a language other than English at home as compared with 14 percent of the population in Oregon. Nearly 13% of the population is over the age of 65, with the greatest density (19%) of this age group residing in the south end of the county. Forty-nine percent of the population is female.

** Persons of Hispanic origin were identified by a question that asked for self-identification of the person's origin or descent. It should be noted that persons of Hispanic origin may be of any race.

QUANTITATIVE DATA CONTINUED

Socio-Economic Indicators

<u>INDICATOR</u>	<u>Boardman</u>	<u>Irrigon</u>	<u>Willow Creek Valley</u>
Hispanic as a percent of the population ¹	39%	41%	10%
Percent eligible for free or reduced lunch program ²	77 – 90%	75 - 92%	38 - 44%
Percent below 200% of Federal Poverty Level ³	46%	42%	27%
Medicaid eligible as a percent of the population ⁴	20%	16%	9%
Percent of the population age 65 or older ⁵	8%	12%	19%
Percent of population without dental insurance ⁶ (regional*)	45%	45%	45%
Percent of the population without medical insurance ⁷	24%	24%	24%

**Highlighted cells indicate data of significance for Morrow County.

¹ U.S. Census Bureau, 2005 – 2009 American Community Survey 5-year Estimate.

² Oregon Department of Education, 2009 - 2010.

³ U.S. Census, 2000.

⁴ State of Oregon, Division of Medical Assistance Programs, June, 2010.

⁵ 2003 Oregon Medical Association Physician Workforce Assessment.

⁶ 2008 Oregon Population Survey (* Includes, Crook, Gilliam, Grant, Hood River, Jefferson, Morrow Sherman, Wasco and Wheeler Counties).

⁷ U.S. Census Bureau, 2008 American Community Survey.

QUANTITATIVE DATA CONTINUED

Morrow County Health Status Indicators and Risk Factors

Leading Causes of Death⁸:

1. Cancer
2. Heart disease
3. Chronic lower respiratory disease
4. Cerebrovascular disease
5. Diabetes and unintended injuries

Other Health Issues of Concern:

Condition	Morrow	Oregon
Inadequate Prenatal Care ⁹	11%	5%
Teen Pregnancy Rate ¹⁰ (age 15-19)	58.4/1,000 females	50.1/1,000 females
Percent of Population Without Dental Insurance (Oral Health Care Access) ¹¹	45%	41%

Adult Modifiable Health Behaviors That Contribute To the Development of Chronic Health Conditions¹²:

Condition	Morrow County	Healthy People 2020 Goal
OBESITY	38%	31%
ADULT SMOKING	23%	14%
HIGH BLOOD CHOLESTEROL	50%	14%

⁸ Oregon Department of Human Services, Leading Causes of Death, 2003-2007 (Crude Death Rate).

⁹ Oregon Department of Human Services, Prenatal Care by County of Residence, Oregon Resident Births, 2010 (preliminary).

¹⁰ Oregon Department of Human Services, Pregnancy Rates of Teens by County of Residence, 2007.

¹¹ 2008 Oregon Population Survey (Region 5 includes Gilliam, Hood River, Morrow, Sherman, Umatilla Wasco and Wheeler Counties).

¹² Oregon Department of Human Services, Behavioral Risk Factor Surveillance System, 2003- 2007.

QUANTITATIVE DATA CONTINUED

Youth Health Behaviors of Concern¹³:

1. 19% of Morrow County 11th graders are at risk of being overweight.
 2. 38% drank at least seven sodas per week.
 3. 45% purchased soda at school at least once a week.
 4. 32% watched more than two hours of TV daily.
-
1. 36% of 8th graders purchased soda at school at least one day per week.

¹³ Oregon Department of Human Services, Keeping Oregonians Healthy, July 2007.

HEALTH SERVICES AND RESOURCES

Columbia River Community Health Services

The following primary care services are provided directly through Columbia River Community Health Services: family medicine, internal medicine, pediatrics, diagnostic laboratory, radiologic services, preventative health services, emergency medical services, and case management.

Prenatal care, labor and delivery for patients are provided by referral arrangement to two private OB/GYNs.

The 340B program is contracted through a local pharmacist who carries inventory and provides prescription drugs to patients eligible for a sliding fee discounted scale.

Mental health and substance abuse services are limited at the clinic, but formal arrangements have been made with a private counselor in Hermiston, who provides additional mental health and substance abuse counseling and treatment to patients eligible for a sliding fee discounted scale.

Oral health services are provided on a limited emergency basis at a private dentist's office by referral arrangement. Preventative dental care is available to patients eligible for a sliding fee discounted scale in LaGrande, Oregon at the Eastern Oregon University Dental Hygiene College. Patient transport is available once per month to receive preventative services. Additionally, twice per month a mobile dental van comes and provides emergent, restorative, and preventative services for low-income/uninsured patients.

Transportation and translation services are provided for all clinic patients.

Community Counseling Services

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

Morrow County Health District

Emergency Medical Services' personnel and ambulances 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. The EMS Department has ambulances stationed in Boardman, Irrigon, Heppner, and Ione with full-time staff in Boardman, Irrigon, and Heppner. The EMS Department boasts a total of 74 volunteers across the county including paramedics, EMT Intermediates and Basics, and 28 volunteer ambulance drivers. All EMS staff, paid and volunteer are part of a caring and dedicated team that is always ready to respond when needed.

Morrow County Health District Continued

The District's Pioneer Memorial Home Health and Hospice departments care for patients throughout Morrow and Gilliam counties, providing compassionate care to patients in their homes, as well as at care facilities throughout both counties. Services include direct patient care, IV therapy, monthly foot care clinics and rehabilitative programs, as well as training and support for family members and others who provide day-to-day care. The Hospice Department has over 30 trained volunteers who assist with services throughout the county.

Irrigon Medical Clinic specializes in family medicine for all ages. A physician assistant is the primary care provider at the clinic. Two physicians provide oversight at the clinic.

Pioneer Memorial Hospital, 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, ultrasounds, and EKGs. In addition, colonoscopy, endoscopy, and infusion therapy procedures are available. The Swing-bed program provides skilled nursing care, post surgical rehabilitation and therapy, and long-term care services. Hospital rooms have recently been modernized to create a more comfortable atmosphere for patients and their families.

Pioneer Memorial Clinic, located in Heppner, is staffed by three family physicians and a physician assistant. The clinic provides preventive and continuing care services for all ages.

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.

Morrow County Health Department

The Morrow County Health Department provides a variety of services including: immunizations; family planning; pregnancy testing, counseling and referral; prenatal care assistance; sexually transmitted disease (STD) screening and treatment; communicable disease control; tobacco prevention and education; 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.

Local Resource Inventory – Attachment 2

Health Utilization Data – Attachment 3

Provider Need and Shortage Analysis – Attachment 4

QUALITATIVE DATA

Key Informant Interview Findings

The key informant assessment technique is useful for obtaining a deeper understanding of underlying issues, silent majority and minority viewpoints.

Eighty-one key informant interviews were conducted by members of the CHIP from December, 2010 – February, 2011 to determine health issues of importance to residents of Morrow County.

The Key Informant Interview Report is a summary of findings reflecting attitudes, opinions and beliefs of community members. See Attachment 5 for report.

Community Visioning Meeting Findings

A visioning meeting was held in Boardman on February 28, 2010. The purpose of the session was to collect information from the community to assist the Community Health Improvement Partnership (CHIP) in making decisions about the future of local health care. Personal invitations were sent to members of the community and individuals that participated in the key informant interviews. Additionally, an open invitation was extended through public presentations and the local media to invite participation to reflect Morrow County residents' needs and interests.

Sixty-eight Morrow County residents with an interest in examining the system to help improve personal health and the health of the community participated. Unlike a typical public meeting, this meeting was conducted to guarantee those residing in Morrow County the chance to share attitudes, opinion, and beliefs without having to actually speak in front of an audience. The meeting format guided members using a nominal group process of decision making to generate recommendations that would make Morrow County a healthier place with questions such as: Can the system be improved? Are there better ways to prevent health problems from occurring? What matters most for you, your family, and your community? See Attachment 6 for scoring, major themes, additional areas of concern.

TRIANGULATION OF DATA/ESTABLISHING PRIORITIES

After examining the qualitative and quantitative data, information was triangulated with that collected from the key informant interviews and community visioning meeting. The Partnership utilized a priority matrix tool to further examine and rank health resources and health status based on perceptions of need, potential for achieving the greatest impact or change and availability of resources to facilitate change.

The following the priorities for health resources and health status were established by the CHIP. The score determined by the partnership is indicated in parentheses following the category.

Health Resource Priorities*

URGENT OR EXTENDED HOURS CARE (74)
IMPROVE COMMUNICATION AND COORDINATION (72)
NORTH COUNTY ASSISTED LIVING (67)
SCHOOL NURSE (66)
TRANSPORTATION (66)
MOBILE DENTAL VAN/ACCESS TO ORAL HEALTH CARE SERVICES (62)
VISITING SPECIALIST (62)

Health Status Priorities *

HEALTHY LIFESTYLE (89)
PREVENTION (81)
PHYSICAL FITNESS INFRASTRUCTURE/WORKOUT FACILITY (77)
ALCOHOL, DRUGS, TOBACCO (67)
PRENATAL CARE (66)
DIABETES (45)
SAFE WATER (43)
CANCER (33)

*Implementing strategies with cultural sensitivities was a priority for all areas.

WORKGROUPS

After priorities were established three working groups were formed to clearly define the problem in the priority areas, search for and evaluate alternative solutions and costs to address the issue, and forward recommendations to the CHIP to initiate strategic planning.

1. Improve communication and coordination among health care providers and between health care providers and the community.
2. Promote healthy lifestyle and disease prevention.
3. Identify and pursue the development of physical activities and fitness infrastructure.

POLICY ENVIRONMENT

Federal

It is recommended that the health service area prepare for the effects of the establishment of the Patient Protection and Affordable Care Act (development of Accountable Care Organizations). The best possible scenario for rural areas is to encourage rural health care leadership to creatively and proactively develop health care delivery innovations that serve rural people and places and concurrently ensure the long-term viability of local rural health care providers. Additionally rural providers are encouraged to develop networks with other rural providers to coordinate services that improve care and control cost.¹⁴

¹⁴ MacKinney AC, Mueller KJ McBride TD. The March to Accountable Care Organizations – How Will Rural Fare? *J Rural Health*. 2011; 27(1):131-137.

POLICY ENVIRONMENT CONTINUED

State

Costs are skyrocketing for families, employers and government. The Oregon Health Plan serves more than 600,000 Oregonians and the increasing cost of health care far exceeds the rate of inflation. In June 2011, Governor Kitzhaber and the Legislature passed a bi-partisan bill (House Bill 3650) that proposes a statewide system of Coordinated Care Organizations (CCOs). These organizations would manage all of the care for Oregon Health Plan patients in their communities. The goal of the legislation is to create a new model of health care that will improve health. The vision is also aimed at beginning to lower the high cost of care by emphasizing prevention, reducing waste, improving efficiencies and eliminating avoidable differences in quality and outcomes. There may be different models for CCOs but the idea is that they be a community-based network of patient-centered care, driven by local need. The criteria for how CCOs would operate are being developed with input from clients, providers, stakeholders and the public. The proposal for health system transformation was presented to the Oregon Legislature in February, 2012 was approved. Passage of the bill allows the state to submit necessary requests to the federal government to allow greater flexibility on how Oregon Health Plan dollars are used for care in CCOs. The state will also apply for additional federal investments for health system transformation. Meanwhile, the Oregon Health Authority is preparing for emerging CCOs to apply for approval by the state and will be working on temporary rules to guide CCOs. For more information see the website www.health.oregon.gov.

RECOMMENDATIONS

1. Now that a baseline of data has been established, a periodic review of local trends in health status, demographics or health resources changes should occur.
2. Continue to educate the community on the value of personal, community and system health and encourage use of local health resources.
3. Review needs for networking opportunities to strengthen the health care system (mental, oral, EMS and community-based or in-home care).
4. Build relationships to address other issues of importance to the community (for example: transportation; elder care services; access to health care services – financial, physical, cultural; development of North Morrow County assisted living facility and health education for youth).
5. Utilize evidence-based programs/practices/interventions.
6. Pursue the development of a community plan for succession, recruitment and retention of health care workforce.

ASSESSMENT ENRICHMENT

Members of the CHIP have self-identified that the assessment would have been fortified by collecting more in-depth information about local needs and additional input from the Hispanic or Latino population.

AVAILABILITY

The Community Health Needs Assessment Report is available to the public. Information will be presented in community forums, through local print media, the CHIP and Morrow County Health District websites, and as well, linked to partner websites.

Attachment 1

Community Health Improvement Partnership of Morrow County Collaboration List (by method of contact) 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.

Attachment 2

Local Resource Inventory

Service	Organization	Ownership	Location	Contact Information
Hospital Acute Care	Pioneer Memorial Hospital-Morrow County Health District	Public/Non-profit	Heppner	541-676-9133 http://morrowcountyhealthdistrict.org
Skilled Nursing Facilities	Pioneer Memorial Hospital-Long Term and Nursing Care Swing Bed Program	Public/Non-profit	Heppner	541-676-9133 http://morrowcountyhealthdistrict.org

Inpatient Services

Service	Organization	Ownership	Location	Contact Information	
Behavioral Health/ Community Services	Mental Health & Counseling	Community Counseling Solutions	Private/Non-profit	Morrow	Kimberly Lindsay 541-676-9161 http://www.communitycounselingsolutions.org
	Drug and Alcohol Treatment Services	Community Counseling Solutions	Private/Non-profit	Morrow	Kimberly Lindsay 541-676-9161 http://www.communitycounselingsolutions.org
	Veteran's	Veteran Services of Morrow County	Public	Morrow	Linda Skendzel 541-922-6420
	Alcoholism and Drug Abuse Support	Alcoholics/Narcotics Anonymous	Non-profit	Heppner/Ione	Bobby Harris 541-676-9925 Pat Sweeney 541-676-9226 Merilee McDowell 541-676-5238 Diana Sharp-541-676-8262
		Al-Anon	Non-profit	Heppner	Trish Sweeney 541-676-9226
	Women and Family Shelters				
	Services for Intellectually and Developmentally Disabled	ARC of Umatilla County	Non-profit	Umatilla	866-600-7615
		CAPECO Lifespan Respite Program	Non-profit	Umatilla	541-276-0452
		DHS – Seniors & Disabled	Public	Morrow	888-374-8080
		DHS Self-sufficiency	Public	Morrow	541-481-2093
Eastern Oregon Center for Independent Living		Non-profit	Umatilla	877-711-1037	

Ambulatory or Community Services

Service	Organization	Ownership	Location	Contact Information	
Behavioral Health/ Community Services	Senior and Disabled Support Services	St. Patrick's Senior Center	Non-profit	Heppner	541-676-9030
		Stoke's Landing Senior Center	Non-profit	Irrigon	541-922-2919
		Boardman Senior Center	Non-profit	Boardman	541-481-3257
		Oregon Department of Senior and Disabled Populations	Public	Morrow	541-567-2274
Durable Medical Equipment Sales, Lease, or Rental	Norco	Medical Equipment Sales and Rental	Private	Morrow	541-567-2425
Complimentary Physical Care Providers	Chiropractor	Dickenson's Chiropractic	Private	Heppner	541-676-8990
		Tammy Smith	Private	Heppner	503-704-4473
	Massage Therapy	Judy Durkee	Private	Heppner	541-676-5271
		Tamara Lobdell	Private	Heppner	503-806-4727
Physical Care Providers	Dental	Advantage Dental Clinic	Private	Heppner/ Boardman	Dr. Joseph Sharon/Dr. Julian Peterson 888-468-0022
	Pharmacy	Murray's Drug	Private	Heppner	541-676-9158
		Good Shepherd Boardman Pharmacy	Private	Boardman	541-667-3746

Ambulatory or Community Services

Service	Organization	Ownership	Location	Contact Information	
Physical Care Providers		Dr. Russ Nichols	Public/ Not for Profit	Heppner	Pioneer Memorial Clinic 541-676-5504
		Dr. Besty Anderson	Public/ Not for Profit	Heppner	Pioneer Memorial Clinic 541-676-5505
		John Addair, PA-C	Public/ Not for Profit	Irrigon	Irrigon Medical Clinic 541-922-5880
		Sheridan Tarnasky, PA-C	Public/ Not for Profit	Heppner	Pioneer Memorial Clinic 541-676-5504
		Dr. Robert Boss	Public/ Not for Profit	Boardman	Columbia River Community Health Services 541-481-7212
		Kristofer McAllister, PA-C	Public/ Not for Profit	Boardman	Columbia River Community Health Services 541-481-7212
		Dave Collins, PA-C	Public/ Not for Profit	Boardman	Columbia River Community Health Services 541-481-7212
	Physicians/practitioners	Dr. Rolan Optometrist	Private	Heppner	541-676-9465
	Physical Therapy	Pioneer Memorial Physical Therapy	Private	Heppner	Shelley McCabe 541-676-2945
	Children's Speech Therapy	Intermountain ESD	Public	Morrow	Cynder Lammers-Smith 541-966-3135
School-based Clinics or Services					

Ambulatory or Community Services

Service	Organization	Ownership	Location	Contact Information	
Physical Care Providers	Community/ Migrant Health Clinic	Columbia River Community Health Services	Public	Boardman	Mindy Binder 541-481-7212
	Public Health Services	Morrow County Health Department	Public	Morrow	Sheree Smith 541-676-5421
	Emergency Rooms	Pioneer Memorial Hospital	Public	Heppner	541-676-9133
	Emergency Medical Services	Morrow County Health District	Public	Morrow	Rusty Estes 541-676-9133
	Home Health and Hospice	Morrow County Health District	Public	Morrow	Robinai Disque 541-676-9133
	Family Planning	Morrow County Health Department	Public	Morrow	Sheree Smith 541-676-5421
		Morrow County Health District	Public/Non-profit	Morrow	Mike Blauer 541-676-9133
		Columbia River Community Health Services	Public	Boardman	Mindy Binder 541-481-7212

Ambulatory or Community Services

Service	Organization	Ownership	Location	Contact Information
Health Education	Prenatal Classes			
	Parenting Skills			
	Diabetic Education			
	Hypertension Education			
	Education			
	Genetic Counseling			
	Cancer Education			
	Nutrition Services			
	CPR Classes			

Ambulatory or Community Services

Service	Organization	Ownership	Location	Contact Information
Water Quality	City of Boardman	Public	Boardman	541-481-9252
	City of Irrigon	Public	Irrigon	541- 922-3047
	City of Heppner	Public	Heppner	541-676-9618
	City of Lexington	Public	Lexington	541-989-8515
	City of Ione	Public	Ione	541-422-7414
Solid Waste Management	Morrow County	Public	Lexington	South-end station, 57185 Hwy 74
			Boardman	North-end station, 69900 Frontage Lane
Housing Agencies	CAPECO	Public	Pendleton	works.org/housing.htm
	Umatilla County Housing Authority	Public	Hermiston	Hermiston (800) 221-6729 http://www.umatillacountyha.org/
Public Swimming Pools and Spas	Willow Creek Water Park	Public	Heppner	Merry Chandler 541-676-5752 (summer) 541-676-5429 (winter)
	Ione Community Pool	Public	Ione	Ione School District, Jerry Archer (541) 422-7131
Food Preparation and Handling	State of Oregon Health Authority	Public	Oregon	http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/licenseapp.pdf
			Boardman	541-481-4200
			Heppner	541-676-5421
Occupational Health and Safety	State of Oregon	Public	Oregon	http://www.orosha.org (503) 378-3272
Mosquito Control	North Morrow Vector Control District	Public	Morrow	Greg Baron 541-481-6082
Air Quality	Department of Environmental Quality	Public	Oregon	http://www.oregon.gov/DEQ/AQ/

Environmental Services

Service	Organization	Ownership	Location	Contact Information
Public Safety	Federal Emergency Management Administration	Public	U.S.	503-229-5696
	American Red Cross	Non-profit	U.S.	(503) 284-1234 http://www.oregonredcross.org
	State Public Health Preparedness	Public	Oregon	971-246-1789 (cell) 503-938-6790 (pager) www.oregon.gov/DHS/ph/preparedness/index.shtml
	Emergency Preparedness Program	Public	Morrow	541-676-5421
	Morrow County Sheriff's Office	Public	Morrow	(541) 676-5317
	City of Boardman	Public	Boardman	(541) 481-6071

Environmental Services

Service	Organization	Ownership	Location	Contact Information
Disabled/Senior Service Transportation	Morrow County Special Transportation	Public	Heppner Boardman Irrigon	St. Patrick's Senior Center 541-676-5380 Boardman Senior Center 541-481-3257 Stoke's Landing Senior Center 541-922-3603
	DHS - Senior and Disabled	Public	Morrow	Transportation Brokerage 877-875-4657
Medical Clinic Vans	Columbia River Community Health Services	Public	Boardman	Mindy Binder 541-481-7212
Mobile Clinics/Screenings	Dental/Oral Health Smile Van	Non-profit	Boardman	Mindy Binder 541-481-7212
Private Taxi Service	Hermiston Transit	Private	Hermiston	541-567-8811

Transportation Services

Service	Organization	Ownership	Location	Contact Information
Assisted and Residential Living Housing Units	Willow Creek Terrace	Not-for-profit	Heppner	George Narins 541-676-0004
	St. Patrick's Senior Center	Not-for-profit	Heppner	Judy Buschke 541-676-5380

Residential Services

Attachment 5

Key Informant Report March 15, 2011

Conditions and Qualifiers of the Key Informant Interviews

The information obtained through key informant interviews was not collected with customary research methodology. The sample size is not representative in size or demographic of the residents of Morrow County, nor was the sample randomly generated. The survey tool was not tested and the interviewers did not receive formal interview training.

The **intent** of this personal interview process was to seek additional information about community perception of health services. Some limitations that could not be controlled for with this type of data collection were: inconsistency between interviewers, interviewer and analyst bias and difficulty capturing the “context” of the perception or spoken word. Additionally, not all interviewers received information for understanding some health care terms in the survey making consistency a challenge. An example would be the term “access”. There are many possible variances - physical barriers, cultural barriers, cost, availability and etc.

It also became apparent as the interviews were being conducted and the information analyzed that there was a considerable amount of confusion about what services were provided by which agency or organization. There was particular confusion about the difference in services provided by the Morrow County Health District and the Morrow County Public Health Department.

Overall those individuals responding to the key informant interview questions were forward thinking. They seemed to provide information that was constructive in nature and offer solutions for the betterment of individual and community health. Additional “venting” responses or comments allowed issues to come to the attention of the health care providers anonymously. In many cases, these issues can be addressed and resolved. It also became apparent for many of the issues identified; they could be addressed through continual outreach, education and information to county residents. Not all comments provided to the interviewers were recorded in the final Key Informant Report – a few examples were provided to give health care providers and others who may view the document a general sense for the respondents.

The key informant assessment technique is useful for obtaining a deeper understanding of underlying issues, silent majority and minority viewpoints.

Eighty-one key informant interviews were conducted by members of the CHIP from December, 2010 – February, 2011 to determine health issues of importance to residents of Morrow County.

This report is a summary of findings reflecting attitudes, opinions and beliefs of community members. **The findings ARE NOT intended as a statement of fact and to consider them as such would be erroneous.**

The interviewers of the key informants followed a pre-determined question guide and information presented in this report follows the guide's format. To help the reader understand the attitudes, opinions and beliefs, key words are presented in italicized format. The words below are displayed in order of magnitude and reflect the number of responses given to a particular question.

Majority - 20

Most - 15

Many - 10

Some - 7

Several - 5

Few - 2

1. What do you think/perceive as the most important health care resource/system problem facing Morrow County residents? How should it be solved?

Participants identified a wide variety of perceived health system problems. The main concern of the residents participating in the survey was making **health services available to the aging population, recruitment and retention of physicians and the health care workforce, creating better awareness of health issues and resources and affecting the cost of health care.**

Other issues included examining the possibility of including visiting specialists to complement current practitioners and improving communication and coordination between health care providers. *A few* people were concerned about the lack of prevention programs, need for extended hours of operation, providing additional local resources, improving patient privacy and patient wait times, ensuring services to the migrant farm worker population, and developing “understanding” staff. *A few* people also stated that care was “amazing” or “excellent” for a rural area.

Suggested solutions for services to the senior population include: Provide stepwise continuum of care and services, develop an assisted living residence in Boardman, increase the availability of assisted living units, hire an activity director, extend the number of days lunch is provided at the senior centers, involve seniors in decision making, and develop housekeeping services for low-income independently living seniors.

Suggested solutions for recruitment and retention of physicians and health care workforce: Provide access to continued training, screen potential EMS personnel for professionalism and long-term commitment before recruiting them and develop specialty care.*

Suggested solutions for increasing awareness of health issues and resources: Create newsletters or website and provide continual community outreach.

Suggested solutions for improving communication and coordination between providers: Improve the transition from the clinic to mental health services.

Suggested solutions for providing more resources locally: Address needs in each individual community and understand the philosophy that we have more in common than difference and should work together.

Suggested solutions for privacy protection: Provide on-going sensitivity and privacy training.

*Analyst Note: Although the lack of specialty care in the local service area was indicated as a problem, it is clear the limitations of providing health service in a smaller rural area are not always understood.

2. What do you perceive as the most important health status problem facing Morrow County? How should it be solved?

Cancer, alcohol, tobacco/drug use, diabetes and obesity/inactivity were the issues identified by *many* local residents as being a serious health status conditions. *Some* were concerned about heart conditions, common cold/influenza, environmental exposures and issues affecting the elderly. **Overall participants did not overwhelmingly select any one health status issue.**

Suggested solutions: Get the whole community involved and committed to fitness, develop organized programs such as Weight Watchers, get educational information out to the community, serve healthy meals, get kids involved, develop public education programs for a healthy lifestyle, require those receiving public assistance to attend parenting and healthy lifestyle classes and develop more drug/alcohol education, resources and rehabilitation.

3. What are your thoughts/perceptions of the physicians, physician assistants and nurse practitioners in terms of number of practitioners, quality of care, cost, access and specialty mix/visiting specialists? Is your personal physician/practitioner in the local area?

The *majority* of responses indicated that the respondent's primary care practitioner was in the local area. Nearly the same number of responses indicated the PCP was out of area. The overwhelming *majority* indicated that there were an adequate number of gender appropriate and experienced practitioners available. Approximately the same numbers of those who have a PCP out of area also visit a specialist out of area.

Most of the responses indicated that the doctors are good or excellent; *some* indicated the physician assistants are great and the staff is good. There are *some* who do not think highly of the practitioners. *One* respondent expressed concern about the large growth in number of Medicare eligible people in the community and how that may affect access to practitioners and services in the years to come.

Many indicated that it is easy to get an appointment and that cost is high. The contrast is as many said the cost at the Irrigon Medical Clinic is reasonable.

Suggested solutions: Improve communication and coordination between providers and patients. *One* individual suggested that "progress had been made in bridging a gap between the clinic and emergency room. An example is a patient who has an urgent, but not critical situation can be seen at the clinic, instead of the ER." Primary care practitioners may be overworked and maybe they could be allowed to experience "training time" or maybe visiting colleagues would be welcome to provide education or training to them. An individual suggests that it is very important for the medical professionals in Boardman to be "seen" in the community, volunteer, shop locally and support youth activities financially and also with their presence. Another recommendation is to develop higher-end housing to attract health professionals to the community.

4. What are your thoughts/perceptions of the Morrow County Health District? How do you think other members of the community perceive the MCHD? What gives you this impression? (County-wide Ambulance/EMS, County-wide Home Health and Hospice, Pioneer Memorial Hospital and Nursing Facility, Pioneer Memorial Clinic, Irrigon Medical Clinic)

Overall the perception of the Morrow County Health District is very good.

Services - *Most* of the respondents stated that the MCHD services were good; however, *some* felt that the District was not taking into account the needs of the north end of the county.

Quality – *Many* said that Pioneer Memorial Clinic has prompt, quality care with a good range of services, staff and physical structure. Quality over-all for the District is good and specifically mentioned was the Irrigon Medical Clinic. *Some* people cautioned that HIPAA and privacy issues should be constantly reinforced.

Access – *Many* said that Pioneer Memorial Clinic has good access to services and *some* said the District also has good access with a *few* indicating that it could be improved.

Cost – *Some* people reported that costs are too high.

Physical plant and structures – *Many* people reported that the Pioneer Memorial Clinic and Hospital have good physical plants.

Range of services – *Many* reported that Pioneer Memorial Hospital provides a good range of services and *several* said that the range is poor.

Management team – *Many* think the management is good and they are doing their best, including being proactive in updating services.

Physicians/clinicians/staff – *Some* respondents think that Pioneer Memorial Clinic employs good nurses and caring staff.

EMS – The *majority* of responses showed that the EMS is perceived as a strong unit with strong services. *Many* think the service is accessible, but *some* think it is expensive, has good staff and services with a quick response. There were *several* individuals who indicated a quicker response is necessary. There were a *few* individuals that also commented on the caring EMS management, and a *few* who raised concern over that lack of qualified personnel.

Hospital/long term care - The overwhelming number of responses indicated that Pioneer Memorial Hospital has a good range of services, management, quality, physical plant and staff. People are thankful to have these services.

Home health and hospice – *Most* respondents said hospice has high quality staff, provides high quality care and a full range of services. *Some* said home health is of good quality, adequate service, affordable and accessible. A *few* indicated that home health and hospice are vital services with wonderful home health nurses. There are also a *few* who said it is costly and have had insurance disputes over payment.

Comments range from “the Board has the best interest of the community at heart,” to a complaint over hospital meals and staff hygiene. One individual stated that “the ones

who complain do not understand that in a small town, we cannot have all services” and “I wish the EMTs were in better physical shape – I’m concerned about their health.” Another two individuals stated that “our hospital is very good at what it does – treating simpler situations and emergencies, and for other situations, stabilizing the patient for transport to another hospital.” There was a concern expressed from one party, “tax revenue is eagerly received by the Morrow County Medical District. History shows there is a reluctance to distribute revenue to the area where it was generated without a fight, example Columbia River Health Services expansion.” The same party indicated they “would like to see the Boardman ambulance service administered by the Boardman Rural Fire District and re-establish the Boardman Medical Health District.” Additionally, this party indicated, “the editor/publisher of the Heppner Gazette Times has had a long-term negative mindset and that coverage of current meetings repeated issues that were previously clarified, even if it was not discussed at the meeting, which shuts down cordial discussion. It is recommended that the newspaper move forward and acknowledge current county demographics.”

5. What are your thoughts/perceptions of the Morrow County Public Health Department? How do you think other members of the community perceive the MCPHD? What gives you this impression? (Immunizations, family planning, home visits)

Overall, the Morrow County Public Health Department received praise for the quality of services, clinicians, staff and management and affordability. The location (in Heppner) seems to have problematic stairs and is of great concern to *many* people.

Services – There were a number of suggestions for more publicity about services. *Some* of those reporting hadn’t used public health services.

Quality – An overwhelming *majority* indicated the MCPHD offers great quality services and *most* of the rest indicated fair/good service.

Access – The *majority* said service is accessible to the public, but *some* reported that it could be improved. *Many* think extending the hours of operation would address a portion of this issue.

Cost – The overwhelming *majority* think the services are affordable.

Physical plant/structure – The *majority* stated that the physical structure could be improved or is not acceptable. The stairs seemed to be very problematic. One person said “nothing good has been heard about the lift; it is scary and people don’t feel safe.” Another comment that was echoed a number of times, “the stairs are dangerous to mother/toddlers/infants in car seats and staff caring loads.” *Some* respondents said the

structure is fine. *Some* also said the Boardman office is too small and crowded, old, has a need for additional privacy or has a parking problem.

Range of services – *Many* people are aware of the immunizations programs. *Some* said there are a good range of services and vital. Only a *few* indicated that services are limited. One individual commented, “Too much money was spent on the north end of the county.”

Management team – *Most* respondents think the management team is good or excellent.

Physicians/clinicians/staff – An overwhelming *majority* think the clinicians and staff are excellent. A *few* people think they would benefit from additional staff.

The comments from the public are mostly complimentary and mostly in reference to how accommodating, friendly, helpful, well-educated, informative, confidential, discreet and non-judgmental the staff is. There was a comment made about how a person disliked immunization shots given at a basketball game and *some* think it is a good idea to provide information about the organization to the public to inform them of the services available.

Suggested solutions: Provide a safer parking lot near the building and extend hours and days of operation.

6. **What are your thoughts/perceptions of Community Counseling Solutions? How do you think other members of the community perceive Community Counseling Solutions? What gives you this impression? (Clinic, full range of mental health, addictions, developmental disability and alcohol and drug prevention service)**

When asked about Community Counseling Solutions, the *majority* of respondents did not know about their services or had had no interaction with the agency. Overall, the perception by individuals and the community was positive. Because the community generally doesn't understand what services are offered or who is eligible to access services, some comment that it is almost hidden. On the contrary, those who have used the services and are informed about the services are very satisfied. *Many* of those interviewed made reference to current or increasing problems in the community with drug and alcohol abuse.

Services – *Most* thought CCS offered a fair to good range of services and that it was important to provide information to the community about services and education to overcome the mental health stigma. *Several* thought it was a vital service to youth.

Quality of care - *Most* respondents thought the agency provided fair, good or excellent quality care.

Access and cost– *Some* thought services were accessible and affordable and *several* thought access needed improvement and costs were too high.

Physical plant/structure – *Several* thought the physical structure was fine, however, *some* indicated the structure needed improvement, specifically the stairs.

Range of services – Assumingly because most respondents were not aware of services, there were not many comments regarding the range.

Management team – *Most* of the responses indicated the management team was good or very good.

Physicians/clinicians and staff - *Most* of the responses indicated the physicians, clinicians and staff were good or very good.

7. **What are your thoughts/perceptions of Columbia River Community Health Services? How do you think other members of the community perceive CRCHS? What gives you this impression?**

The tone of the responses indicated that CRCHS is well received in the community and a very important service that provides good care. It seems to be revered as a safety net provider and there is enthusiasm for the new building development. Any unfamiliarity with the services seems to come from the south end of the county.

Services – *Most* respondents thought that Columbia River Community Health Services offered a good or great range of services. There were only a *few* who recommended expanding services.

Quality of care – The *majority* thought CRCHS provided good or high quality services, with just a *few* indicating that care was poor, which seemed to correspond with comments about office staff or a conflict or issue over payment.

Access – *Many* reported good access to services and some commented, “If it weren’t for CRCHS, a large number of the population would not receive health care.” It was also noted that it is very helpful to have transportation and translation services available.

Cost – *Many* interviewees reported the cost of receiving care as expensive and half as many report a fair cost of care.

Physical plant/structure – *Some* people indicated the structure is fair or good, however, there was mention several times that the new development is either necessary or good for the community. It seemed that this question was difficult for some respondents to answer because they are aware of the progress CRCHS is making toward building the new

facility and so some were commenting on the realization of the new facility and others on what is currently being used.

Management team – Many people it seemed were not familiar with the management, as there were not a large number of responses to the question posed about the strengths or weaknesses of the management team, but the *majority* of those who responded offered a positive assessment.

Physicians/clinicians and staff – An extremely large *majority* of responses indicated people were not familiar with or hadn't had an experience with CRCHS. This is probably indicative that a large number of people from the south end of the county provided a response to the question. *Many* did report good or great satisfaction with clinicians and staff. One individual commented, "The community clinic is a vital service and cornerstone for economic growth and development," and another said, "The clinic is a vital employer and service provider." "Over all care is good, but some wish that prenatal care was available in area," and additionally, "more flexible hours of service are necessary." There were also a couple of comments about the need to receive additional funding from the Morrow County Health District and the clinic being in unfair competition with the MCHD services.

8. **What is your perception of the following community health services? Are they adequate? What about quality, affordability and accessibility? Do you have suggestions?**

Senior living – Overall senior living in the south end of the county is considered good to great with many people very thankful for what is available. There is a feeling that additional services are needed as the current resident population continues to age, including access to fitness facilities. There is also a feeling that additional long-term and day care options are needed. As far as housing development/renovation for seniors, it was recommended that this be "quality and affordable" housing options.

Echoed in both the north and south end of Morrow County was the need for additional senior day care or respite services and a registry and training for additional caregivers (presumably in-home caregivers).

The development of an assisted living facility in the north end of the county is desired. There was also a recommendation for a physical fitness facility for seniors to recreate and rehabilitate.

Food programs – It was obvious that *most* people were very concerned about residents of Morrow County having access to nourishing meals when they are hungry. The respondents in the *majority* are aware of some of the programs and services available.

Most people interviewed indicated that it is desirable to have additional resources to address the following: expand the Meals on Wheels Program, provide additional meeting times for senior meal sites, secure additional volunteers to assist with meal distribution and provide additional resources for hungry children (weekend backpack program). A *few* respondents felt that there were some individuals who require assistance (determining eligibility and filling out administrative paperwork) when applying for food programs and therefore maybe there are some individuals who are not accessing resources.

Transportation – The overwhelming *majority* of the community key informants indicated that the special transportation program was affordable, accessible, and of very high quality. *Most* people have the understanding that in a rural area, the logistics of developing a public transportation system is unachievable. However, there seems to be a desire for an expansion of services that continue to help meet individual's who need it most. There was also a recommendation to purchase smaller vehicles such as a mini-van that is “all-abilities” accessible to make runs that are more specific to an individual rather than a group ride. There were no recommendations about how to staff drivers consistently for the additional services.

Preventive Care/Health Promotion – Without a doubt, this topic was one of the top issues of concern from the key informants. The *majority* of community members interviewed felt that healthy lifestyle information and education, as well as preventive programs, are lacking and in great need. This sentiment was echoed throughout the county. The most pressing issues were nutrition education, healthy weight management and the development of infrastructure and health and fitness facilities that are all-age and all-abilities accessible.

Health Care for Children – The needs that were identified in this area were central to helping young people grow into healthy adults. It follows that since the respondents identified health promotion and preventive care as such a high priority that they would also desire this for youth. They recommended additional health and physical education, as well as other opportunities such as health fairs to teach kids about nutrition, exercise, hygiene, dental care, hearing and eye care etc. A *few* people indicated that an additional need exists for additional sexuality and drug education in the schools.

Pharmacy – Satisfaction was high overall with pharmacy services. *Most* satisfaction was received from personal service as patients, not just consumers. There were a *few* disgruntled individuals who feel that costs were too high and that the pharmacy did not accept enough insurance plans.

Dental Services – *Most* respondents indicated that having local dental service is desirable. In Heppner, it appears that a number of patients were dissatisfied with the service of the

previous oral health care provider, but the perception is that *some* patients may be returning to try the services of the new provider. The cost of care is problematic and *many* would like to see access improved, especially to the low-income population, possibly with a visiting mobile dental van. In some cases, it was difficult to determine if the respondent was referring to Hayden Dental Services, who previously provided service in Heppner or Advantage Dental who is a current dental provider. This was also problematic for Boardman, where care is arranged by Columbia Community River Health Services or provided by the Hayden Dental private practice.

Hearing Services – The perception in the north end of the county is that there is inadequate hearing service available. The perception in the south end of the county is that there is also inadequate service available, but testing is available occasionally through a visiting service. There is concern that the population of people who are aging in Morrow County will be in need of further local services.

Vision Services – Respondents were more vocal about the need for vision and eye care services in the north end of the county. Again, the senior population was referred to specifically as the group that is in need of these services throughout the county.

In-Home Care – For those individuals that responded to the question and were familiar with the services from home health or hospice programs, they were quite satisfied and commended the well-run, quality programs and caring staff. *Some* respondents mentioned that additional services are needed, including a day care or respite program with additional care givers and also an affordable light housekeeping service.

Complimentary Health Care – Responses ranged from the south end of the county, where there are those who use services or have had heard from others about local services and the respondents are tremendously satisfied with the options for and care received from the local chiropractors and massage therapists, to Boardman, where a chiropractor is desired and conversely the belief that there are not enough users to support one, to Irrigon, where complimentary services are “pie in the sky” compared to health issues of greater concern.

Attachment 6

Community Visioning Meeting Scoring Summary

PRIORITIES OF “FRIENDS HELPING FRIENDS FOR BETTER HEALTH”

- 68 Workout and fitness facilities developed for physical activities, including pool, partnering with schools and utilization of school facilities, encourage walking, running, biking and organized activities
- 47 Improve coordination of health care system within each community and cross county (including cities and school), create central information center accessible by community, website, community outreach, data, health fairs, health reporter and patient education
- 26 All age’s health promotion programs with a focus on disease/illness/injury prevention and education (nutrition, safety, first-aid and fitness, prevention of domestic abuse)
- 24 Urgent care clinics/extended hours of operation
- 20 School programs to educate youth (health, drugs, alcohol, nutrition, hygiene)
- 20 Healthy food choices (availability and education), ban soda and energy beverage sales in schools, more community gardeners to supply farmers markets, offer organic food options available for purchase with SNAP, programs for healthy eating, gardening and nutrition
- 14 Summer activity program for youth that provides nutritional lunch
- 13
 - A. Better transportation throughout county for health and other
 - B. GPS for ambulance
- 11
 - A. Local pediatrician to keep care in Morrow County from birth
 - B. Visiting specialists
- 10
 - A. Mandatory education on effects of alcohol * (4 and 5 votes each by 2 people) (15)
 - B. Full-time pharmacy * (4 and 3 votes each by 2 people) (13)
- 9
 - A. 1-2 school nurses for the county that travel to each school
 - B. North County assisted living facility
 - C. More insured and lower health insurance costs
- 7 Adequate funding to maintain or expand services
- 5 Mobile dental van
- 3 Bilingual and cultural sensitivity
- 2 Restrict chemical applications (clean water/aquifer/reservoir/river)

MAJOR THEMES

Wellness

1. Develop facilities and infrastructure to support physical activity and fitness
2. Develop health promotion, prevention and healthy lifestyle programs and services
3. Bolster health education in schools, summer activity program
4. Provide adult health education (emphasis - healthy food choices/availability)
5. Healthy and safe water

System

1. Improve communication and coordination and create “health care system”
2. Create Central Information Center or clearinghouse
3. Extend hours of service (including pharmacy)
4. Transportation options and ambulance GPS
5. Visiting specialists
6. Develop North County assisted living
7. Provide school nurses
8. Enhance cultural awareness and sensitivity
9. Access to mobile dental van

Administration

1. Cost of care, access and insurance
2. Funding for programs and services

TOPICS THAT WERE NOT VOTED IN TO “HOW TO MAKE MORROW COUNTY A HEALTHIER PLACE” TOP 5 PRIORITIES

North end hospital with emergency or centrally located hospital

Continuum of care for health services

Mental health for youth

More involvement from decision makers (city, county, schools)

More volunteers and involving more community members

Healthcare for all

Incentive for provider retention

Development of more grocery stores, food sources, community gardens, farmer's markets

Use of statistics to develop nutrition education for young children

Safe walking and biking routes to school

Reduce or eliminate pollution from coal fired plant in Boardman

More job fairs

DARE program

Larger federal to state kickback

Pharmacies to honor all insurance programs

Prenatal care providers

Enhance senior's active and social life

Community first aid classes

Pioneer Memorial Hospital needs exterior storage outside general housekeeping

Improve safety of back hallway entrance to Pioneer Memorial Hospital (remove cords and repair uneven walkway surface)