

MORROW COUNTY HEALTH ASSESSMENT

2024



Executive Summary

Morrow County

Community Health Assessment

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

In response to Oregon healthcare transformation in 2013, the Morrow County Court appointed organizational and consumer members to serve as the Advisory Council to the Eastern Oregon Coordinated Care Organization (EOCCO). The Advisory Council acts concurrently, compliments and supports the CHIP mission, and provides local input to create a health plan to improve outcomes for people receiving Medicaid benefits and address community needs.

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

The assessment methodology was selected because it was developed specifically for less densely populated communities for rural health planning and supported by the Oregon Office of Rural Health. This process is extremely beneficial to rural areas as it grants the community the ability to identify local needs and plan strategically to address them utilizing a cost-effective strategy.

Prior findings were reported in the 2012, 2015, 2018 and 2021, Morrow County Community Health Assessments.

2024 Health Assessment

The Community Health Improvement Partnership of Morrow County compiled and analyzed secondary data (data collected by other agencies), including additional data and information on special populations and utilized collective professional experience of the CHIP of Morrow County and community input to consider the areas of need, or conversely areas of satisfactory health.

Overall, the general population's health status had not changed significantly since the 2021 and prior reviews. The leading causes of death remained the same, and the health or risk behaviors that contributed to good or poor health outcomes remained similar (overweight, tobacco use, blood pressure and cholesterol control, and preventive screenings) to the degree that programs and services supporting chronic disease management and health promotion and disease prevention remain relevant and important.

Observed emerging trends: Decreasing seasonal influenza and COVID-19 vaccination rates, increasing numbers of sexually transmitted infections/diseases, older adult needs and community social supports for areas that improve wellness of people.

Additionally, during 2024, the Eastern Oregon Coordinated Care Organization asked for input about the community's perception about needs and issues affecting the health of people with regard to access to and quality of care, community supports, and health disparities.

MORROW COUNTY AREAS of CONCERN (not ordered)

Population

1. Low-income
2. Latinx
3. Maternal and Family
4. Older Adult

Health Condition

1. Behavioral Health
2. Substance Abuse
3. Chronic Conditions with Modifiable Health Behaviors
4. Oral Health

System

1. Maintain Access to Local System of Care
2. Communication and Coordination
3. Workforce
4. Health Equity
5. Social Determinants of Health

Table of Contents

| | |
|---|----|
| INTRODUCTION | 6 |
| <i>Qualifying Information</i> | 7 |
| <i>Geographic Description</i> | 7 |
| <i>Health Service Area Description</i> | 8 |
| <i>Methodology</i> | 8 |
| DATA AND INFORMATION..... | 10 |
| <i>Demographic</i> | 10 |
| Population..... | 10 |
| Social Determinants of Health..... | 10 |
| <i>Population Health</i> | 19 |
| Mortality..... | 19 |
| <i>Population Health</i> | 21 |
| Morbidity (Chronic Disease or Condition) | 21 |
| <i>Population Health</i> | 24 |
| Modifiable Health Behaviors..... | 24 |
| <i>Population Health</i> | 30 |
| Morbidity (Communicable Disease) | 30 |
| <i>Population Health</i> | 33 |
| Maternal and Child Health..... | 33 |
| <i>Population Health</i> | 38 |
| Oral Health..... | 38 |
| <i>Population Health</i> | 42 |
| Behavioral Health | 42 |
| <i>Special Populations</i> | 47 |
| Older Adult | 47 |
| <i>Special Populations</i> | 52 |
| Veterans Stephanie Case | 52 |
| <i>Special Populations</i> | 55 |
| Hispanic/Latino | 55 |
| <i>Special Populations</i> | 59 |
| Farmworkers | 60 |
| ATTACHMENTS | 64 |
| <i>Health Services and Resources Inventory</i> | |
| <i>History of Collaboration</i> | |
| <i>Eastern Oregon Coordinated Care Organization Health Assessment Summary</i> | |

INTRODUCTION

The Community Health Improvement Partnership of Morrow County compiled and analyzed secondary data (data collected by other agencies), included additional data and information on special populations and utilized collective professional experience and community input to consider the areas of need, or conversely areas of satisfactory health.

Overall, the general population's health status had not changed significantly since the 2021 and prior reviews. The leading causes of death remained the same, and the health or risk behaviors that contributed to good or poor health outcomes remained similar (overweight, tobacco use, blood pressure and cholesterol control, and preventive screenings) to the degree that programs and services supporting chronic disease management and health promotion and disease prevention remain important.

Observed emerging trends: Decreasing seasonal influenza and COVID-19 vaccination rates, increasing numbers of sexually transmitted infections/diseases, older adult needs and community social supports for areas that improve wellness of people.

Additionally, during 2024, The Eastern Oregon Coordinated Care Organization collected information to assess community perception about the issues affecting health of the community with regard to access to care, quality of care, community support and health disparities. The summary is attached.

Public presentations of the data were made to the Community Health Improvement Partnership, Morrow County Health District Board of Directors, and community partners during the 2025 Morrow County Health Forum. The document is available to the public.

Qualifying Information

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

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

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

The individuals compiling, analyzing, and reporting this information are not trained statisticians or demographers and have participated in providing a broad overview of the county health needs; this reporting is not intended to replace more in-depth research.

Geographic Description

Morrow County is located in the northeast part of Oregon and east of the Cascade Mountains. It is bordered by the Columbia River to the north, Umatilla County to the east, Grant County and Wheeler County to the south, and Gilliam County to the west. The incorporated areas of Morrow County include the towns of Boardman, Irrigon, Heppner, Lexington, and Lone.

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.

Health Service Area Description

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

The majority area of Morrow County is classified as remote, the whole county as frontier.¹ The local health care and social service providers also share some level of support to four contiguous counties, three of these are frontier counties. Morrow County is designated as a Health Professional Shortage Area for primary medical, dental, and mental health care, either geographically or service to the low-income, or migrant or seasonal farmworker populations.

The counties surrounding Morrow have population or geographic shortage designations for primary medical, dental, and mental health care as well, making accessing resources even more challenging to these areas.²

The Heppner and Lone communities are about a 45-mile drive over a two-lane state highway to the nearest larger health service area – Hermiston, 70 miles to Pendleton and 88 miles to Tri-cities, Washington. Boardman, located at the north end of the county, is twenty-three miles away from Hermiston and fifty-eight miles to Tri-cities, Washington. Depending on your location within the county, Hermiston and Pendleton are the nearest access to obstetrical/prenatal care.

The most southern-reaching emergency medical response provided is 45 miles (over one hour driving time though mountainous topography and on narrow rural roads) to the nearest emergency department for stabilizing care.

Methodology

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

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

Community Health Improvement Partnership goals:

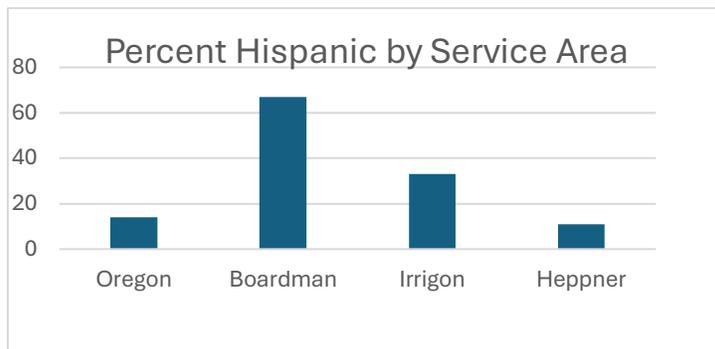
1. Conduct community-based health needs assessment every three years.
2. Facilitate communication and coordination between health care providers.
3. Advance community outreach and education.
4. Lead and coordinate workgroups that promote healthy lifestyles.
5. Utilize health leadership and community partners to ensure access to care and improve health system strength and sustainability.
6. Participate with the Advisory Council to the Eastern Oregon Coordinated Care Organization to improve health service coordination and quality among the twelve eastern Oregon counties served by EOCCO.

DATA AND INFORMATION

Demographic

Population

During 2022, the population was estimated to be 12,300, which indicates increased growth since 2010, and most significantly in the Boardman area.³ Boardman also experienced increased growth of the Hispanic population - approximately 67% of the population identified as Hispanic origin compared to Irrigon (33%), Heppner (11%) and Oregon (14%).⁴



Social Determinants of Health

Conditions of the Environment that Affect Health Status and Quality of Life



Economic Stability

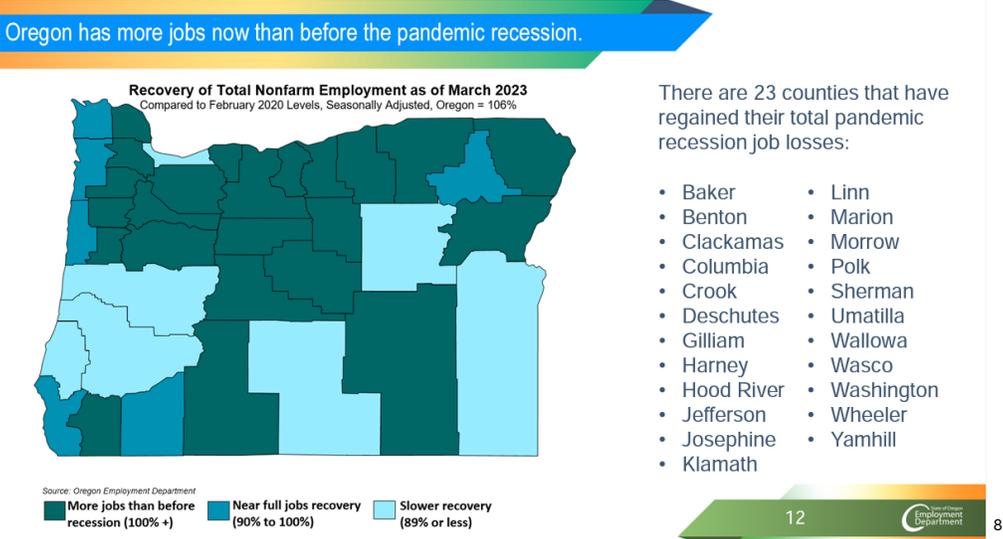
Income, Employment and Poverty

2018-2022 Morrow County median household income (\$64,975) was less than the state (\$76,632) and national (\$75,149) levels.⁵

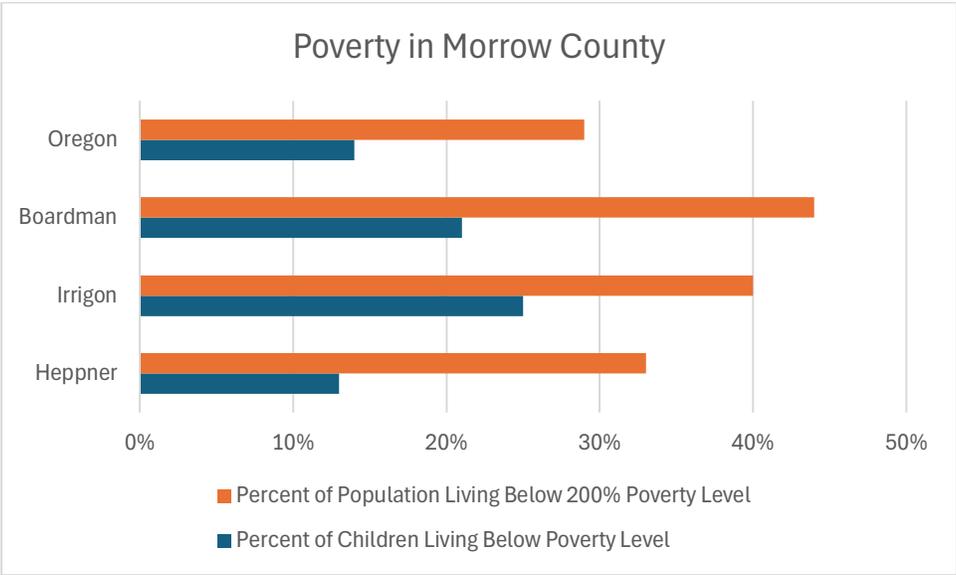
Household Income in Morrow County, Oregon in 2018-2022



The 2023 county seasonally adjusted unemployment rate (3.5%) is slightly lower than state and national rates (about 3.7%).⁷



The nearly 15% percent of the population of Morrow County living below poverty is not drastically different from Oregon (13%). However, the population living below 200% percent of the federal poverty level is 44% of Boardman, 40% of Irrigon, and 33% of Heppner, all of which are greater than the state’s (29%). For children below the age of 18, Irrigon (25%) and Boardman (21%) have greater rates of poverty when compared to other county areas and the state; Heppner (13%), and Oregon (14%).⁹



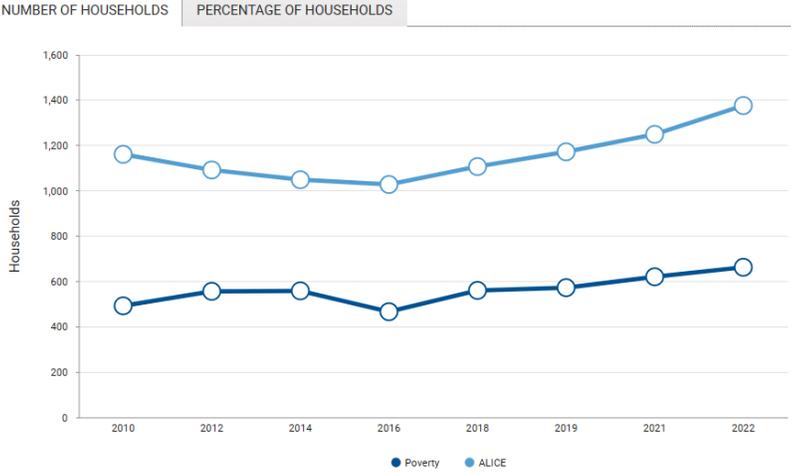
Despite being one of the most crucial measures of economic well-being and deprivation, the official poverty measure—also known as the federal poverty line—is remarkably outdated. To determine if someone is in poverty or not, the government uses a threshold developed in the 1960s. That threshold, and other government poverty statistics, do not reflect the economic reality of America today. The calculation doesn't consider housing, transportation, childcare, or medical costs.

Dozens of programs at the federal, state, and local levels, as well as some private companies and charities, use the federal poverty line to determine who needs extra help.

A methodology developed by the United Way provides a more realistic estimate of what it takes to make ends meet - the Asset Limited, Income Constrained, Employed (ALICE) - focuses on the essentials: housing, child care, food, transportation, health care, and means of basic communication such as a phone. In Oregon, many families aren't paid enough to meet a "survival budget" that covers these necessities.¹⁰

Morrow County ALICE Households

| Morrow County, Oregon, 2021 | | |
|-----------------------------|------------------|-------------------------|
| County Subdivision | Total Households | % Below ALICE Threshold |
| ZCTA5 97818 | 1,479 | 43% |
| ZCTA5 97836 | 877 | 56% |
| ZCTA5 97839 | 125 | 52% |
| ZCTA5 97843 | 339 | 32% |
| ZCTA5 97844 | 1,254 | 46% |

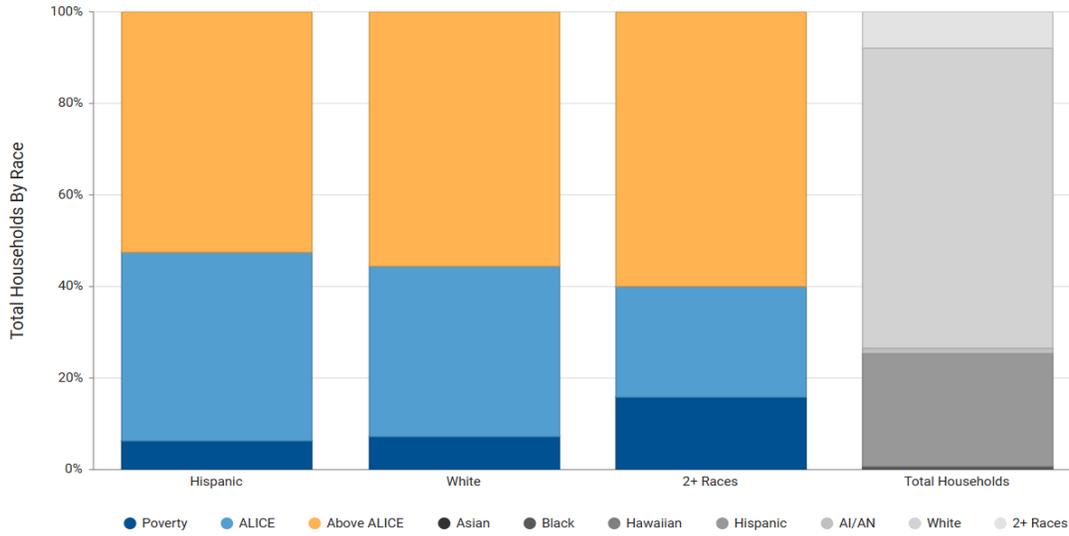


In 2019, 1,171 households in Morrow County were below the ALICE Threshold; by 2022 that number had increased to 1,375.



Morrow County ALICE Households by Ethnicity

Households by Race/Ethnicity, Morrow County, Oregon, 2021

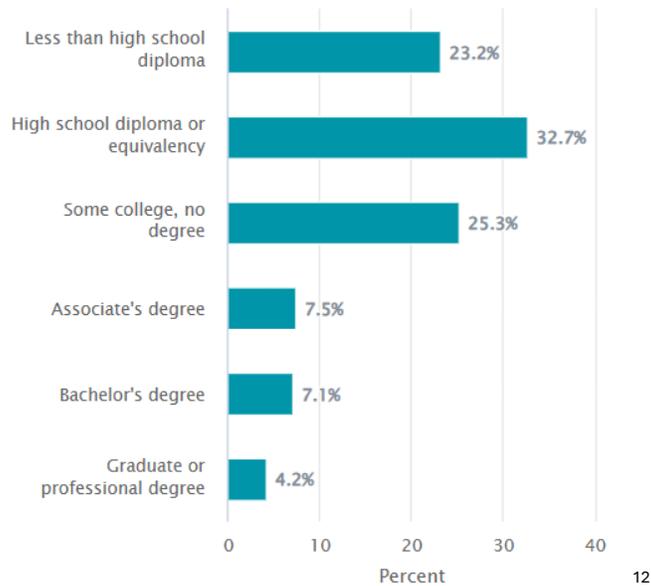


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Education Access and Quality

Level of education

Educational Attainment of People in Morrow County, Oregon in 2018-2022



12

Language

Twenty-eight percent of the population older than 5 years of age, speaks English less than very well in Boardman, Irrigon (10%), and Oregon 5%.¹³

Social and Community

Household and Family

In Morrow County, Oregon, 359 grandparents lived with their grandchildren under 18 years old. Of those, 50.1 percent were responsible for their basic needs.¹⁴

Health Care Access and Quality

Among the civilian non-institutionalized population in Morrow County, Oregon (2018-2022), 91.8 percent had health insurance coverage and 8.2 percent did not. Private coverage was 60.9 percent, and public coverage was 46.4 percent. The percentage of children under the age of 19 with no health insurance coverage was 2.6 percent.

5,630 people (45% of the population during January 2024) were recipients of Medicaid in Morrow County.¹⁵

Neighborhood and Built Environment

Homelessness

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

Home 4 Hope is a local coalition of interested community members, city, county, state, federal agencies, non-profits, churches, and service groups formed in 2008 which works to prevent, reduce, and end homelessness in Oregon's Gilliam, Morrow, Umatilla, and Wheeler counties.¹⁶

Food Security

2021 Food Insecurity In Morrow County, Oregon

FOOD INSECURE POPULATION IN MORROW COUNTY, OREGON

1,130



FOOD INSECURITY RATE IN MORROW COUNTY, OREGON



FOOD INSECURITY RATE IN OREGON



17

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

During 2018-2022, nearly 21 percent of Morrow County households received SNAP (the Supplemental Nutrition Assistance Program) benefits. An estimated 49 percent of households that received SNAP had children under age 18, and 41 percent of households that received SNAP had one or more people 60 years and over. An estimated 20 percent of all households receiving SNAP were families with a female householder and no spouse present. An estimated 30 percent of households receiving SNAP had two or more workers in the past 12 months.¹⁸

The local food banks in Heppner, Irrigon, and Boardman are significantly relied upon to distribute food boxes and provide a selection of foods in a pantry.

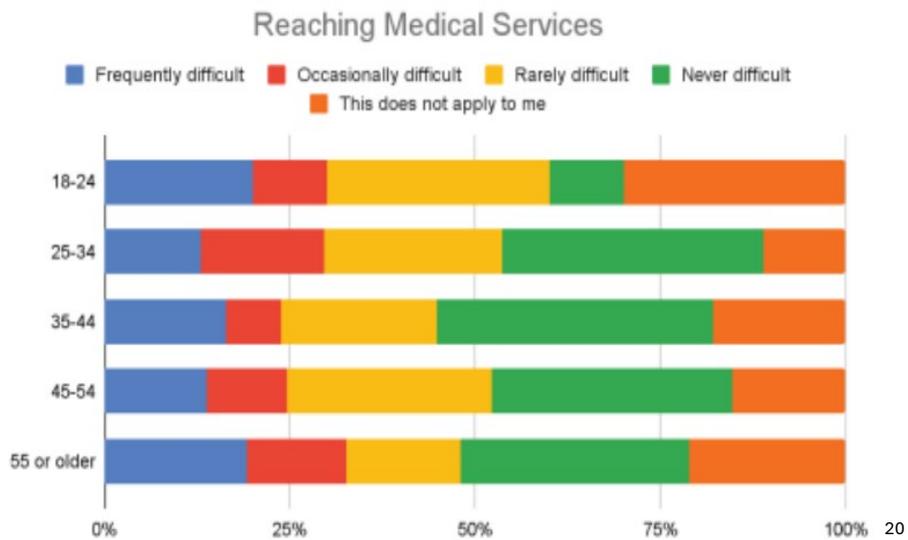
Additionally, a few independent groups throughout the county provide periodic food boxes and also procure and distribute non-perishable food items to students for consumption after school hours and weekends.¹⁹

Water Quality - Due to the ongoing analysis, size, and complexity of the water quality issue in Morrow County, the CHA defers to the on-going collection and analysis of data, information and progress achieved through the LUBGWMA, Morrow County Planning and Public Health Departments, Oregon Health Authority, Department of Environmental Quality and Environmental Protection Agency.

Transportation

The Oregon Department of Land Conservation and Development’s Rural Transportation Equity program is designed to address the needs of transportation-challenged populations in rural areas and improve access to services for these groups. Occurring in Morrow County, the Project Management team found that there is a general lack of awareness of the transportation options available, as well as a low utilization of existing services. Survey responses indicate that the primary reasons for travel were for employment, medical care, or shopping and there was a significant amount of walking for a rural area. Survey respondents expressed a strong desire to receive more information about transportation services as well as the need for more consistent and reliable modes of transportation.

Transportation difficulty is experienced by households with lower income and reaching medical services is reported as “concerning” for those in the sample between the ages of 18 and 24 and those respondents ages 55 and older.



Morrow County Public Transit operates The Loop, with fixed route, demand-response service, and a weekly shopper transportation option available to Morrow County residents.

The three-line fixed-route service; Heppner to Boardman, Boardman to Heppner, and a loop through Boardman and the Port of Morrow began operation during 2024.

For many rural areas across the nation, variations of demand-response transportation are the most efficient way to meet transportation needs, as they afford the flexibility to meet demand as it arises. The demand-response service often referred to as Dial-A-Ride aims to provide safe and reliable transportation services to all residents of Morrow County, including veterans, seniors, individuals with disabilities, or those with limited or no transportation.

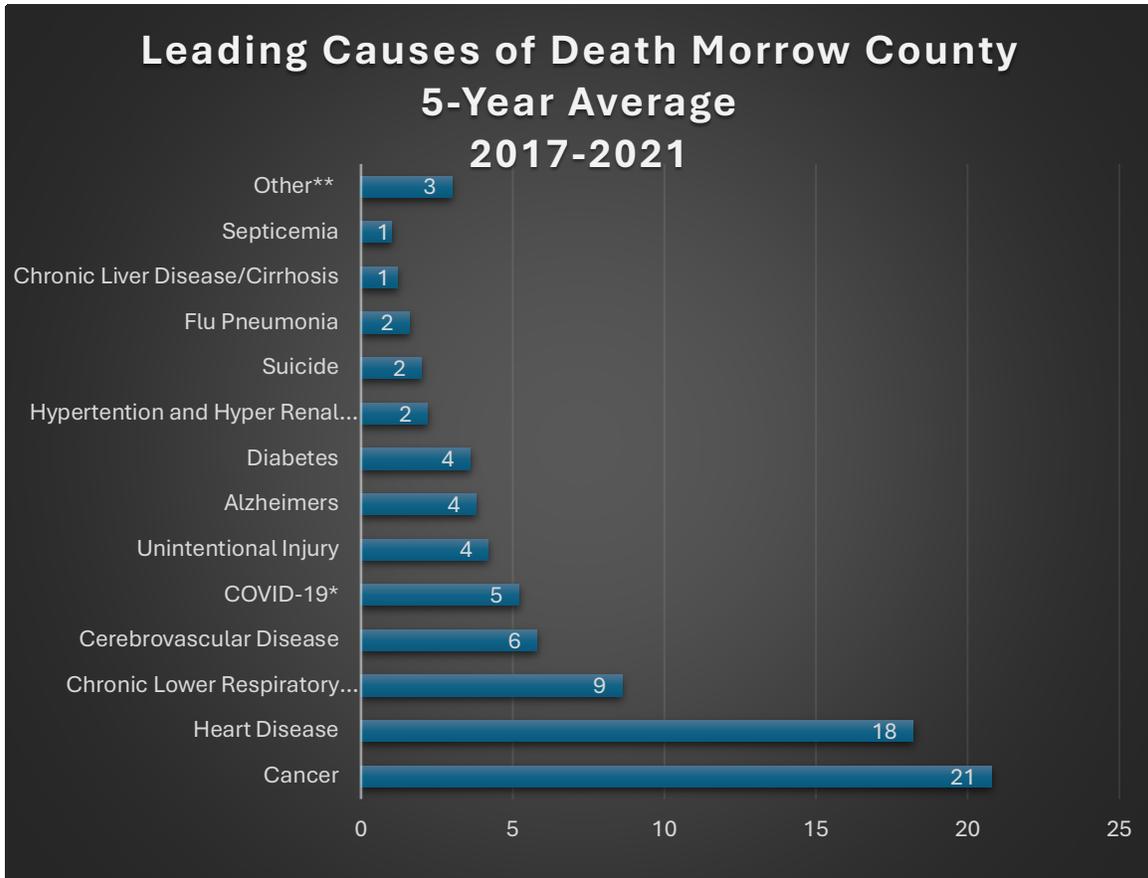
Kayak Public Transit operated by the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) serves the city of Irrigon with a fixed route service called The Hopper and helps provide access to essential services twice a day.

Other demand response services operating in Morrow County include Columbia River Health's non-emergency transport to the local area, and CareVan, operated by Good Shepherd Health Care System, which provides rides to and from medical appointments to their locations and affiliated clinics. Lastly, Greater Oregon Behavioral Health, Inc. (GOBHI) provides rides to medical appointments for qualifying individuals through the Non-Emergent Medical Transportation (NEMT) program.

For additional information about social needs and challenges collected by public survey from the Eastern Oregon Coordinated Care Organization, see the summary attachment at the end of this report.

Population Health

Mortality



* COVID 19 – Reported 2020-2021

** Parkinsons, Nephritis, Amyotrophic Lateral Sclerosis, Perinatal Conditions, Pneumonitis DT Solids/Liquids, HIV/AIDS, Atherosclerosis and Homicide.

Oregon Leading Causes of Death 2021 - Cancer, Heart Disease, COVID-19, Unintentional Injury, Cerebrovascular, Chronic Lower Respiratory, and Alzheimer’s Disease.

Oregon Leading Causes of Death 2022 - Cancer, Heart Disease, Unintentional Injury, Cerebrovascular, Alzheimer’s, Chronic Lower Respiratory Disease, and COVID-19.²¹

Leading Cause of Preventable Death, Oregon, 2021

| Cause of preventable death | Estimated number of deaths |
|--|----------------------------|
| Tobacco use | 8,500 |
| Obesity, poor diet and physical inactivity | 3,100 |
| Alcohol use | 2,500 |
| Illicit drug use | 1,400 |
| Firearms | 700 |
| Motor vehicles* | 600 |
| Influenza & pneumonia | 200 |

* Includes alcohol-related crashes.

22

Tobacco use affects all Oregonians and is the number one cause of preventable death and disease. Each year, tobacco use kills over 8,000 Oregonians, and costs billions in medical expenses and lost productivity.

Of 132 total deaths in Morrow County, an estimated 23 were tobacco related deaths.²³

The burden of tobacco is not distributed equally. People living with lower incomes, less education, and marginalized social groups smoke at higher rates than other social groups. Consequently, they suffer a disproportionate burden of tobacco-related illness and death. They are also the most exploited victims of predatory marketing practices that capitalize on their lack of education and other vulnerabilities. Additionally, many of these marginalized social groups do not receive adequate access to treatment or protection through general public health policy interventions.

Cancer Deaths

The Oregon State Cancer Registry (OSCaR) was established in August 1995, after the Oregon Legislature unanimously passed legislation making cancer a reportable disease.

OSCaR is a statewide, population-based registry that collects and analyzes information about cancer cases occurring in Oregon to collect complete, quality cancer data that supports cancer research and public health practices designed to improve efforts in the screening, treatment, and survivorship of all people in Oregon affected by cancer.

Cancer was the leading cause of death in Oregon and Morrow County for the period of 2017-2021. Only eight Oregon counties had lower rates of all-site age-adjusted deaths.²⁴

Population Health

Morbidity (Chronic Disease or Condition)

Chronic conditions such as arthritis, asthma, diabetes, cancer, and heart disease are among the most common, costly, and preventable of all medical conditions. Half of all Oregon adults have at least one chronic condition. Many chronic conditions can be lessened, or in some cases prevented, by self-management and a healthy lifestyle.

CANCERS HAVE MANY DIFFERENT CAUSES -
LIKE SMOKING AND LUNG CANCER

MANY ARE UNKNOWN

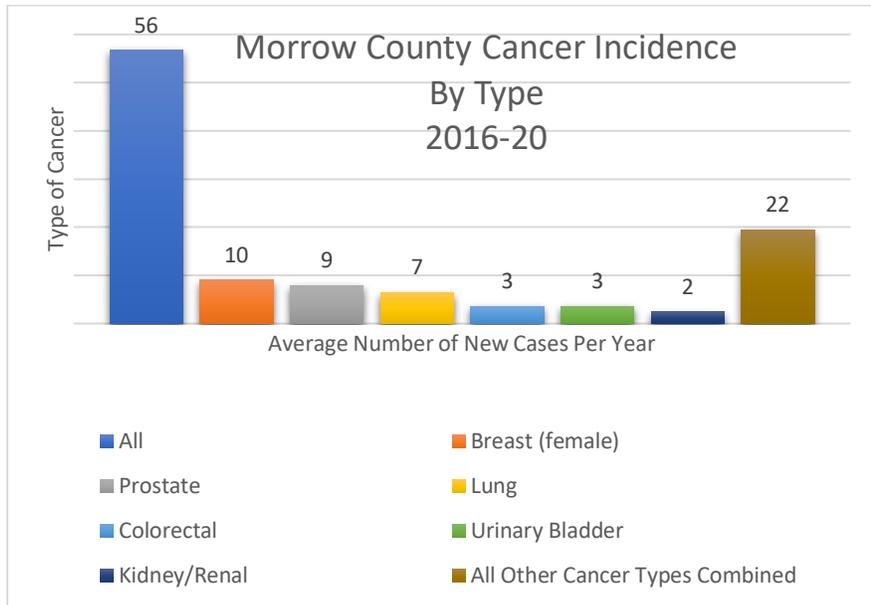
IT IS A COMBINATION OF
INDIVIDUAL BEHAVIOR, GENETIC PREDISPOSITION,
OR ENVIRONMENTAL FACTORS THAT DETERMINE
WHETHER OR NOT A PERSON DEVELOPS CANCER



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

Cancer Diagnosis (Incidence)

For the period of 2016-2020, 281 new cases were diagnosed: an average of 56 per year.



25

For the “All Other Cancer Types Combined” category (n=22), each cancer type occurred less than twice.

One or More Chronic Condition

For the period 2018-2021, 52% of the Morrow County adult population is estimated to have been living with at least one chronic condition, which is similar to the proportion for state of Oregon (53%).²⁶

Arthritis

For the period 2018-21, approximately 26% of adults in Morrow County (2,200) were estimated to have been diagnosed with some form of arthritis. The estimate for Oregon is 23%.

Arthritis is the most common cause of disability in the U.S.; an estimated one in five adults report having a doctor-diagnosed arthritis. Doctor-diagnosed arthritis occurs at higher rates in Oregon than in the nation. Evidence shows that self-management education and physical activity programs ease arthritis pain and other symptoms, improve physical activity habits, reduce risks for falls and decrease health care costs.²⁷

Other Chronic Diseases

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

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

Diabetes

Data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and from the U.S. Census Bureau's Population Estimates Program were used to obtain county-level estimates of diagnosed diabetes. Reported numbers are small so the indicators are not likely to accurately reflect the degree of diagnosed cases in Morrow County. But if you look at the lifestyle factors that affect the development of Type 2 diabetes, Morrow County has reported higher rates of overweight/obesity and lack of exercise.

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

The burden of obesity and diabetes will continue to increase unless fundamental changes occur to reverse trends.

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

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

Among Oregon adults with diabetes, about

-  1 in 2 is obese.
-  1 in 4 smokes cigarettes.
-  2 in 3 have high blood pressure.
-  1 in 2 have high cholesterol.
-  1 in 4 is physically inactive.

Population Health

Modifiable Health Behaviors

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

High Blood Pressure

During the years 2018-21, approximately 22% Morrow County adults had ever been told by a health care professional that they had high blood pressure. If left unmanaged uncontrolled high blood pressure can lead to heart disease and stroke.²⁸

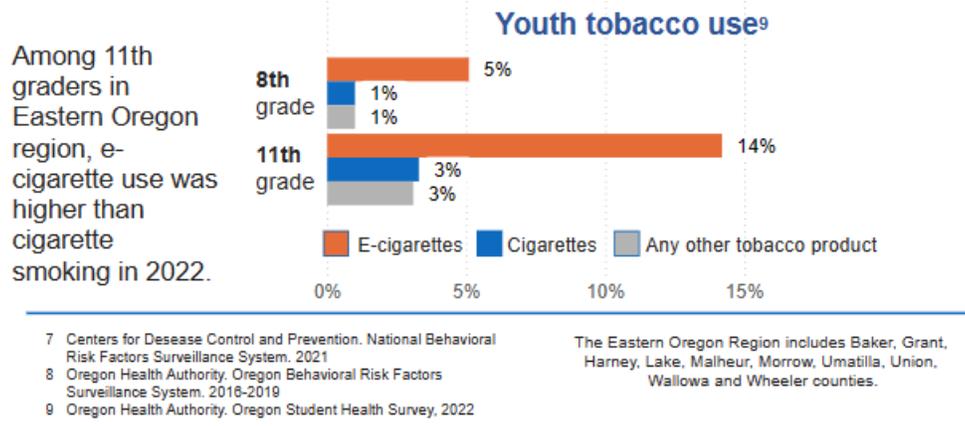
High Cholesterol

For the period 2018-21, an estimated 29% of Morrow County (26% of Oregon adults) had ever been diagnosed with high cholesterol.²⁹

Tobacco Use

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

Twenty-six percent of adults currently report smoking cigarettes, little cigars, large cigars, hookah, vape electronic cigarettes and/or use smokeless tobacco.³⁰



Overweight/Obesity

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

How To Reduce the Burden

2012-15 the burden of obesity was estimated at over thirty-two percent of residents, which is the equivalent of 2,900 people.

2014-17 the estimate increased to 37% (3,200 people).

2018-21, the estimate increased again to over 45% (3,800 people). Oregon 31%.

Increase the availability of healthy foods and beverages in childcare facilities, schools, worksites, and neighborhoods.

Increase places where people can move more safely.

Increase the number of environments that are tobacco-free.

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

Preventive Screening

Some Behavioral Risk Factor Surveillance System (BRFSS) preventive screening data collected and reported at the county level has small numbers making it statistically unreliable for Morrow County and therefore not reported in this health assessment summary.

Colorectal cancer screening is the process of looking for cancer or pre-cancer in people who have no symptoms of the disease. Regular colorectal cancer screening is one of the most powerful tools against colorectal cancer. It can often detect cancer early, when it's small, hasn't spread, and might be easier to treat. A polyp can take as many as 10 to 15 years to develop into cancer and with screening, doctors can find and remove polyps before they have the chance to turn into cancer. The estimated percentage of adults ages 50-75 who had a recommended colorectal cancer screening was 43%. The Oregon rate was 72%.³³

Cholesterol screening is recommended for adults about every five years, which is important because a person usually has no signs or symptoms. The only way to know whether you have high cholesterol is to get your cholesterol checked. Your health care team can do a simple blood test to measure your cholesterol levels. Cholesterol levels represent one of many factors affecting cardiovascular health and your health care practitioner will look at your cholesterol numbers, along with your family history, age, gender, and other parts of your lifestyle or health, such as smoking, that could raise your risk. During 2018-21 approximately 87% of adults had been screened.³⁴

Pap test for women ages 21-65 (with cervix) is a screening that looks for precancers and cell changes on the cervix that might become cervical cancer if they are not treated appropriately.³⁵

Mammogram X-ray of the breast for many women is the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. Other important tools are the breast self-exam and clinical breast examination, and a woman should discuss options with their health care practitioner.³⁶

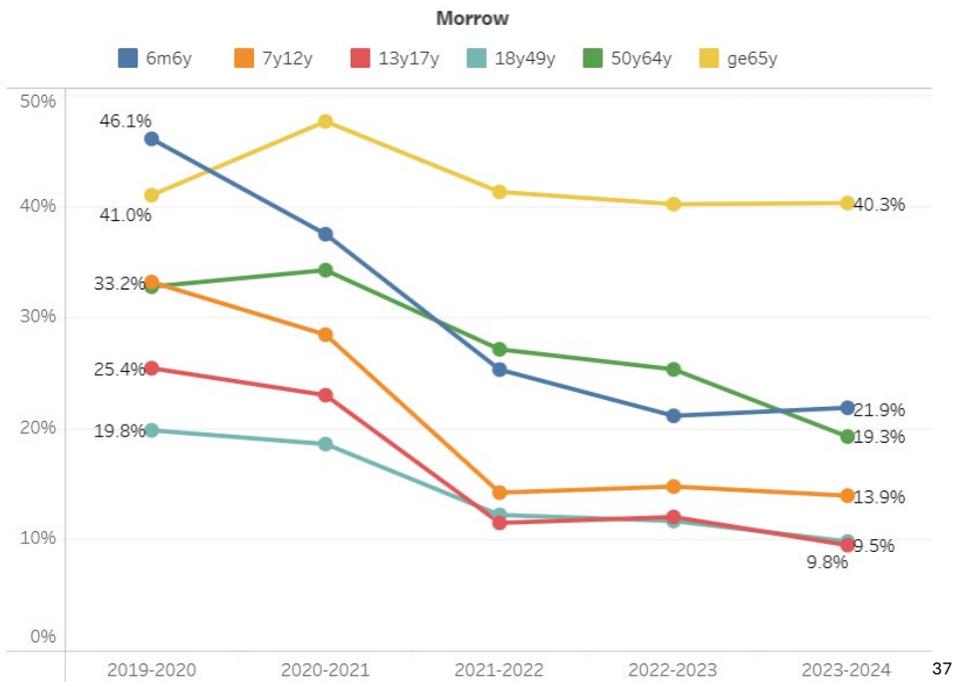
Immunization

Standard of Care

A systematic approach to vaccination is necessary to ensure that every adult is appropriately protected against vaccine-preventable diseases. Every visit by an adult to a healthcare provider should be an opportunity to review and update immunization status. Healthcare providers and individuals should maintain detailed records about each person's vaccination history.

Vaccines are especially important for older adults because as you age, your immune system weakens, and it can be more difficult to fight off infections. Without vaccination you are more likely to get diseases like the flu, pneumonia, and shingles and to have complications that can lead to long-term illness, hospitalization, and even death. If you have an ongoing health condition – like diabetes or heart disease – getting vaccinated is especially important.

Morrow County Seasonal Influenza Immunization Trend



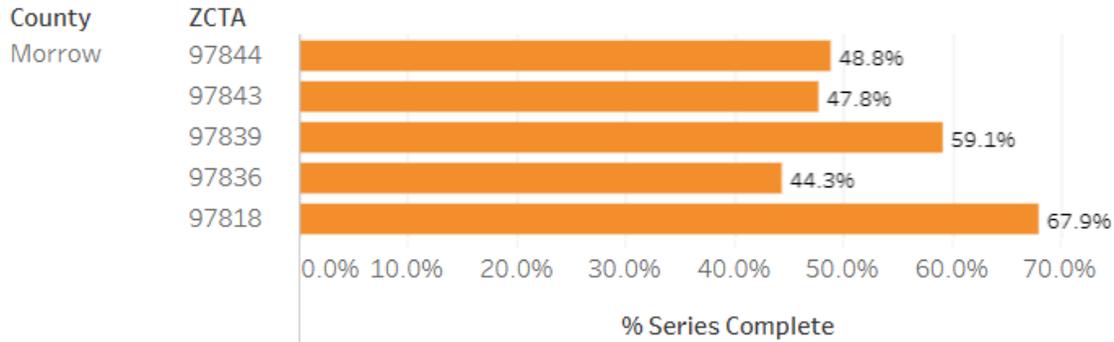
COVID-19 Vaccination

Data current as of 12:01am on Thursday 2/1/2024.

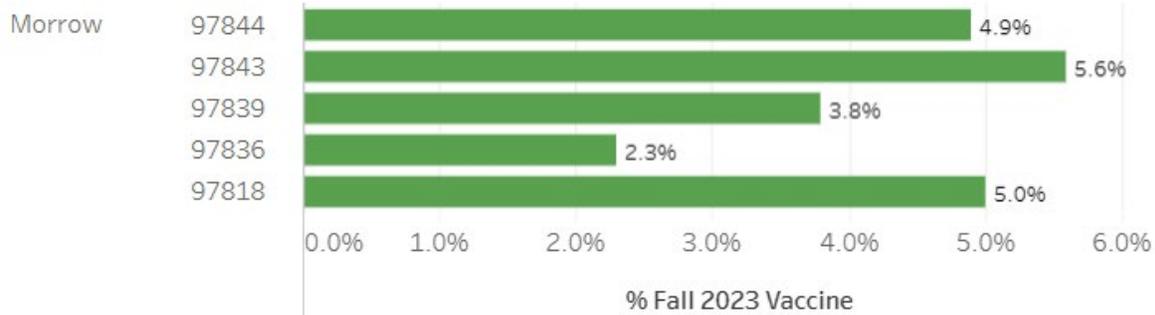
COVID-19 Vaccination Metrics Dashboard

| | % One Dose | % Series Complete | % Fall 2023 Vaccine |
|-----------|------------|-------------------|---------------------|
| Statewide | 79.6% | 73.8% | 17.7% |
| Morrow | 54.2% | 50% | 4% ³⁸ |

Proportion of people who have completed their vaccine series by Zip Code



Proportion of people who have received a Fall 2023 Vaccine dose by Zip Code



39

COVID-19 Vaccination Continued

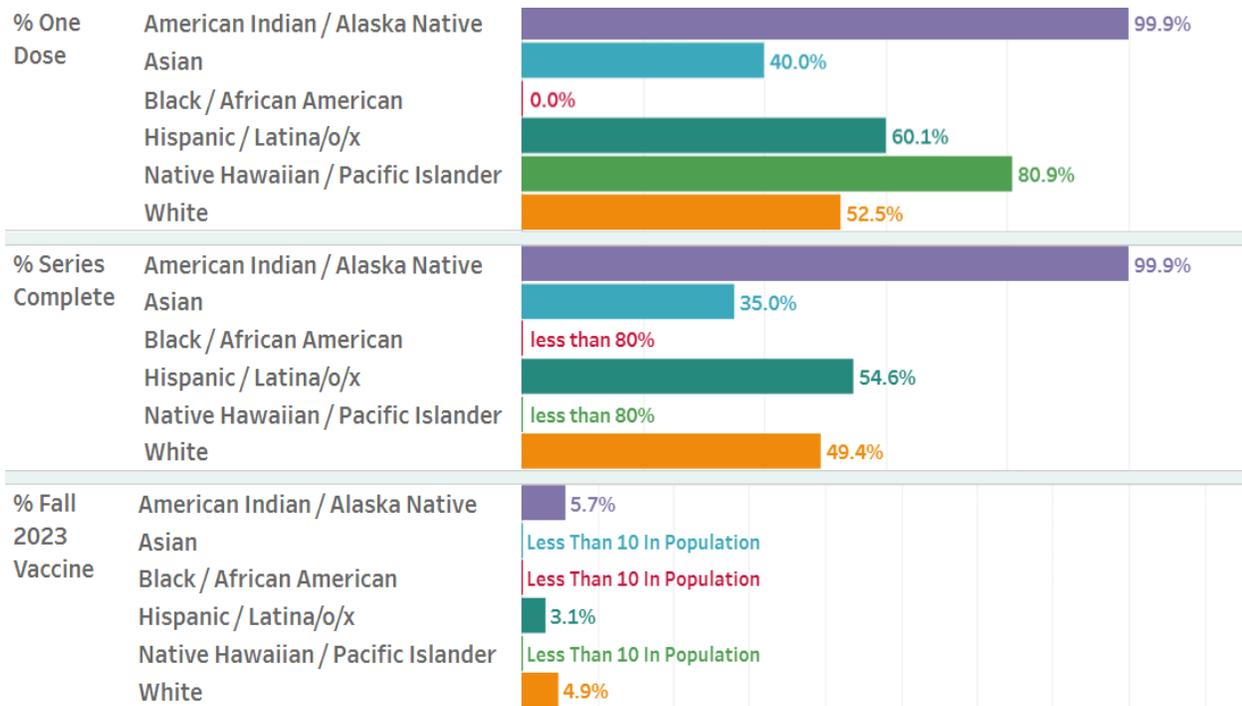
Oregon Hispanic

62.5% initiated COVID-19 vaccination and have received at least one dose.

56.5% have completed the primary series.

7.0% had fall 2023 vaccine, which is slightly higher than the 3% that received vaccine in Morrow County.

Morrow County Hispanic



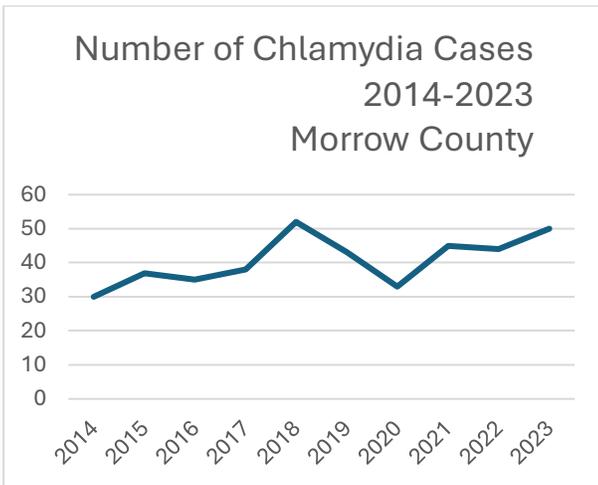
40

Population Health

Morbidity (Communicable Disease)

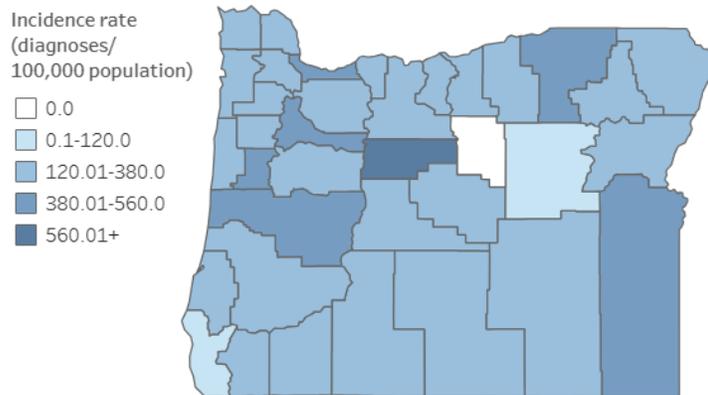
Sexually Transmitted Disease Chlamydia

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



41

Chlamydia is the most common STD reported in Oregon



42

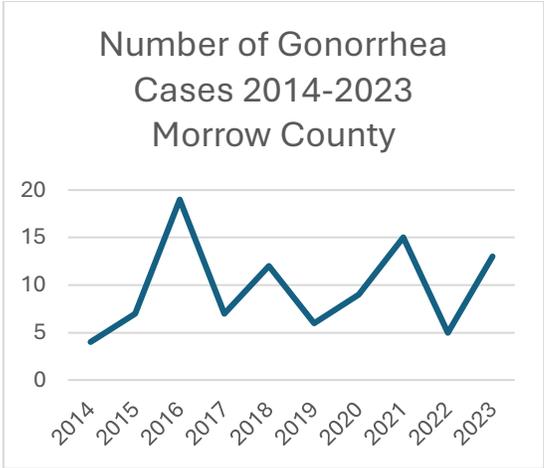
Sexually Transmitted Disease Gonorrhea

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

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

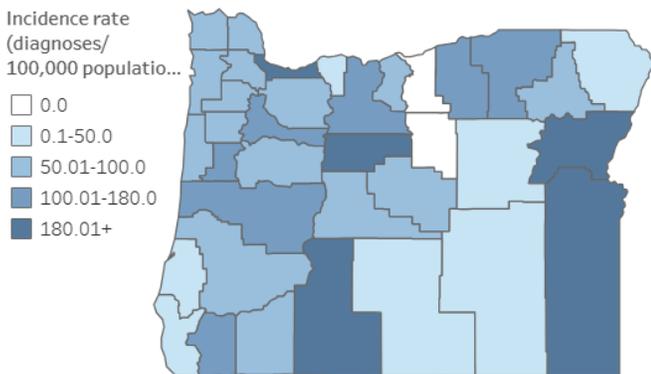
People ages 20-29 experience the greatest rates of chlamydia and gonorrhea.

Gonorrhea and chlamydia are often co-diagnosed because of screening practices and similar risk factors.



43

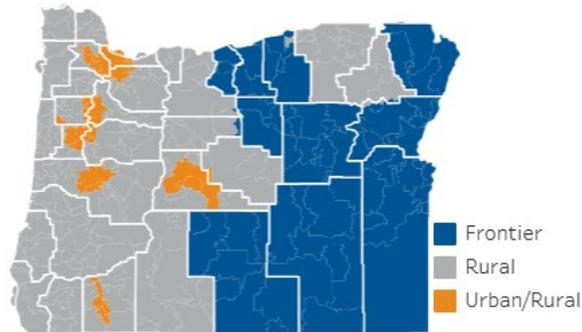
Gonorrhea is the second most common STD reported in Oregon



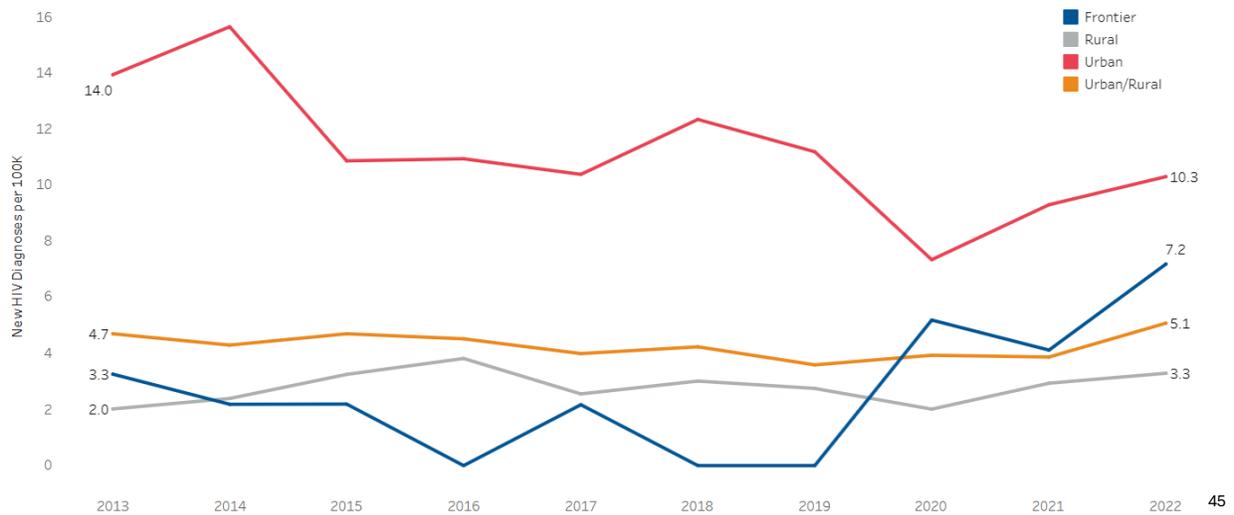
44

Sexually Transmitted Disease Human Immunodeficiency Virus (HIV)

Rurality Designations (based on ZIP Code) in Oregon: Most of Oregon is rural and frontier



New HIV diagnoses have increased most dramatically in frontier regions



Strategies to prevent infection of STI/Ds:

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

Population Health

Maternal and Child Health

Births

2019-2021:

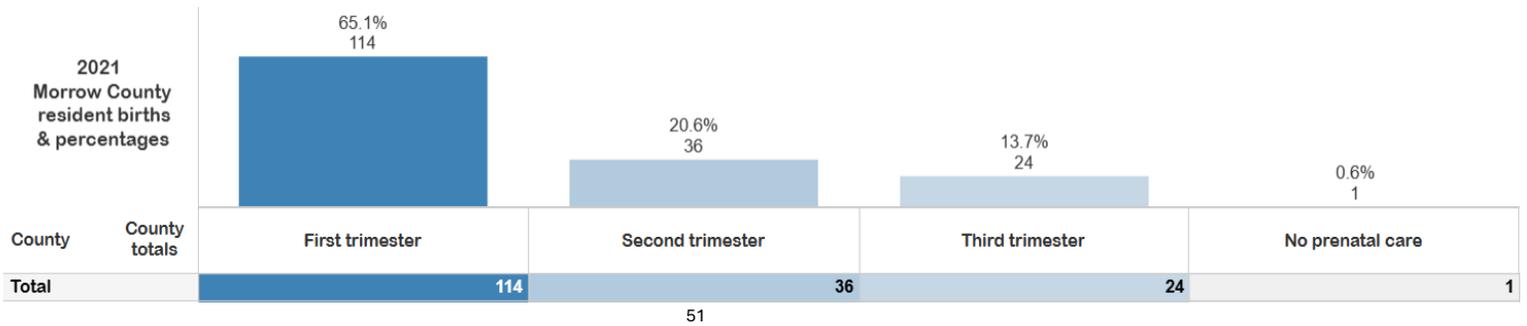
On average, 167 births occurred per year (501 total) in Morrow County.⁴⁶
 Nearly sixty percent were to females who identified as Hispanic.⁴⁷
 There were 21 total teen births (ages 10-17).⁴⁸

69 of the 501 births had inadequate prenatal care.⁴⁹

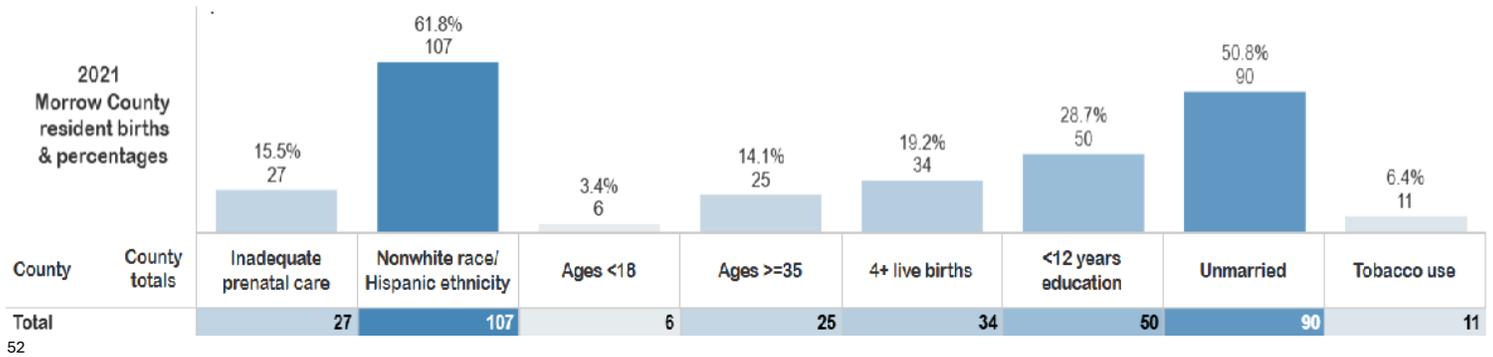
Inadequate Prenatal Care is defined as receiving less than five prenatal care visits or beginning care in the third trimester.

First Trimester Care is defined as care beginning in the first 12 weeks of pregnancy, regardless of the number of prenatal care visits. It has been adopted as an Oregon benchmark with a goal that at least 90% of women begin care at that time.⁵⁰

Trimester of first prenatal care visit, Morrow County resident births, 2021

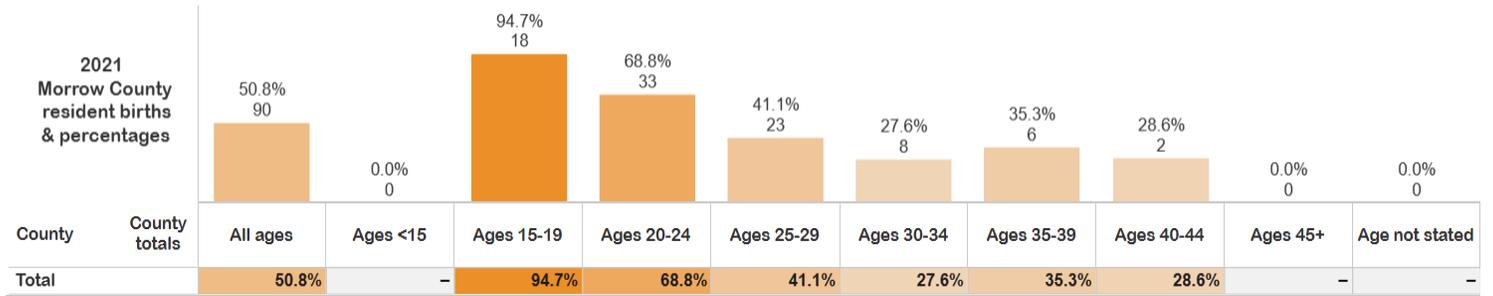


Maternal risk factors, Morrow County resident births, 2021



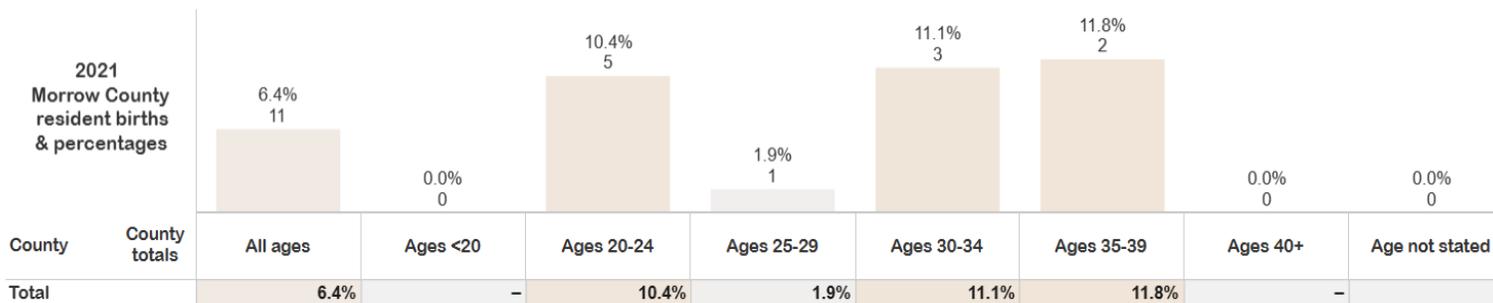
52

Unmarried mothers by age, Morrow County resident births, 2021



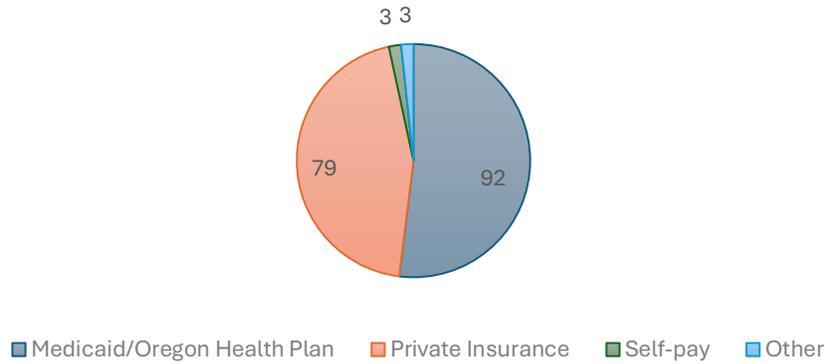
53

Tobacco use by age, Morrow County resident births, 2021



54

2021 Method of Payment for Birth - Morrow County



55

Immunization

Standard of Care

The American Academy of Pediatrics, American Academy of Family Physicians, and the Centers for Disease Control and Prevention's National Center for Immunization and Respiratory Diseases recommend a series of immunizations to protect your children against vaccine-preventable diseases. Immunization is one of the safest and most effective ways to keep yourself, your family, and your community healthy.⁵⁶

Why Immunize?

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

Who Needs It?

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

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

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

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

Vaccines are available for these 17 dangerous or deadly diseases. Over the years, these vaccines have prevented countless cases of disease and saved millions of lives. Infants, children, adolescents, teens, and adults need different vaccinations, depending on their age, location, job, lifestyle, travel schedule, health conditions or previous vaccinations.⁵⁷

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

Early Childhood Immunization

Statewide Childhood Series (4:3:1:3:3:1:4) Trends

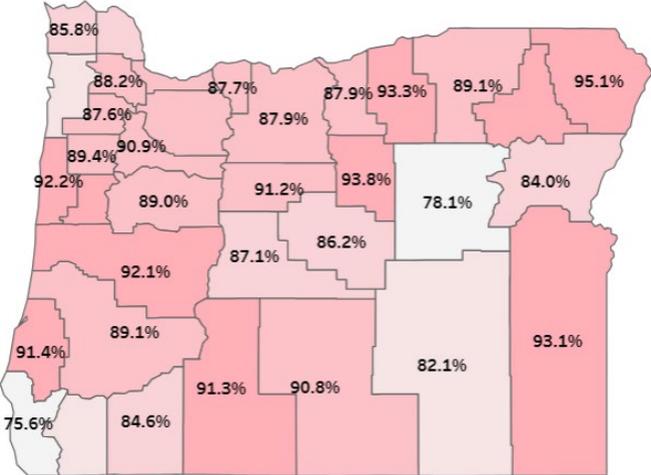
Despite the CDC recommendation to prioritize early childhood well-child visits during the COVID-19 pandemic, a decreasing trend in up-to-date childhood immunization since the peak in 2020 highlights that an increasing number of children have fallen behind in their immunizations.

The 2021 data indicates that 67% of Morrow County 2-year-old children were up to date on the 4:3:1:3:3:1:4 series (DTAP, Polio, MMR, Hib, Hep B, Varicella, PCV).⁵⁸ The Oregon rate was 69%.⁵⁹

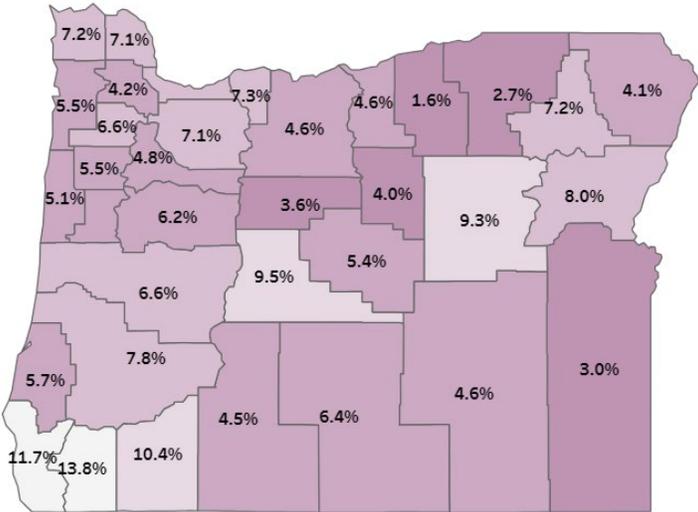
School-age Immunization Exemptions

The aim for school immunization coverage is that at least 95% of children to be immunized for community protection. When a very high percentage of children are vaccinated in a school or childcare, this reduces the change of spreading the disease among vulnerable individuals.⁶⁰

Ninety-three percent of Morrow County kindergarten children completed all school-required vaccines during 2022, eighty-eight percent of Oregon completed required vaccinations.⁶¹



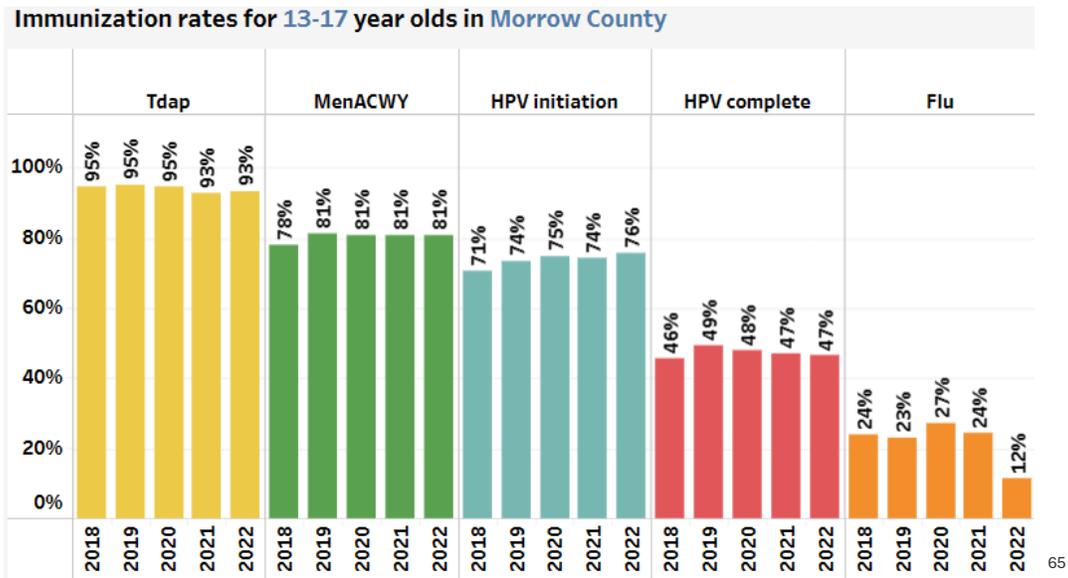
1.6% of Morrow County K-12 students had a non-medical exemption to any school required vaccine.⁶²



Adolescent Immunization

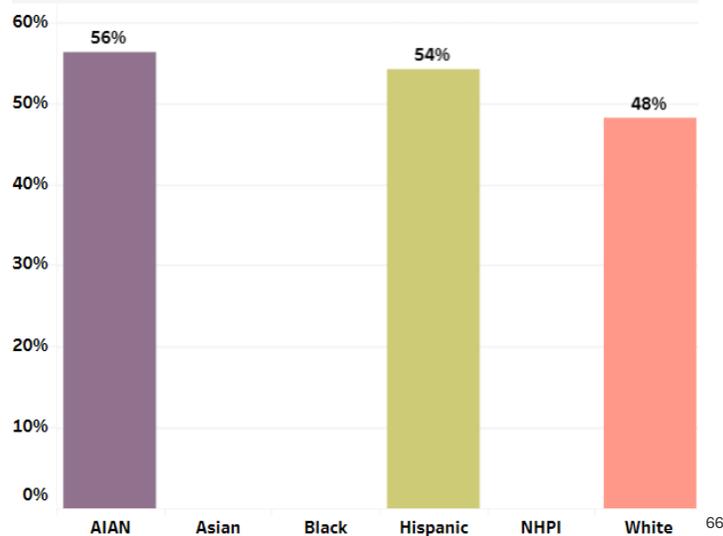
Human Papilloma Virus (HPV) vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection. The vaccine is very safe and effective.⁶³

According to the CDC, around 85% of people will get an HPV infection in their lifetime if not immunized.⁶⁴



65

HPV complete immunization rate among 13-17 year olds in Morrow County by race/ethnicity, 2022



66

Population Health

Oral Health

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

It is also more important now than ever that we screen children for their oral health, height, and weight, as many children have missed dental and well-child visits during the COVID-19 pandemic. During the school years 2022-23 and 2023-24, the Oregon Health Authority (OHA) conducted a statewide childhood health screening effort not yet available for reporting. The Oregon Smile and Healthy Growth Screening is a unique health assessment to obtain a better understanding of childhood population health status and identifies health concerns which would otherwise be missed.⁶⁷

Previously reported, The Oregon Smile Survey (2002-2017) indicated nearly 20% of 6–9-year-old children had untreated decay. Since 2002, the percentage of children ages 6-9 with dental decay (including cavities, untreated decay, and rampant decay) has decreased across the board. This is, in part, due to the School Dental Sealant Program. In 2017, 53.2% of 3rd grade children had protective sealants on at least one permanent molar.

Elementary School Children⁸

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

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

Children and Adolescents⁶

| Description of Indicator | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|--------------------|-------|-------|-------|-------|
| Any dental visit among children aged 1-17 years | 82.5% | 85.2% | 84.8% | 83.2% | 80.5% |
| Preventive dental visit among children aged 1-17 years | 79.6% | 82.1% | 80.2% | 80.0% | 77.2% |
| Children aged 0-5 with any dental visit in the past year | 55.6% ⁷ | | 60.7% | 59.9% | 53.1% |
| Percent of parents reporting condition of child's teeth as good, very good, or excellent (aged 1-17 years) | 92.5% | 94.3% | 93.4% | 92.7% | 94.1% |
| Children (aged 1-17 years) with one or more oral health problems in past 12 months (toothache, decayed teeth, unfilled cavities) (parental report) | 16.5% | 14.8% | 13.4% | 16.5% | 14.2% |

68

⁶ National Survey of Children's Health (NSCH) <https://census.gov/programs-surveys/nsch.html>
 The NSCH is a national survey that provides rich data on multiple, intersecting aspects of children's health and well-being – including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context. The survey underwent a redesign in 2016 and is conducted annually by the US Census Bureau.

⁷ 2016 and 2017 results are combined for the 0-5 age group due to small sample size

During 2023-24 Advantage Dental provided in-school screening and preventive treatment services to Lone and Morrow County School Districts.

Nearly 15% of students were screened at Lone identifying 22% percent at high risk for caries and 72% at moderate risk.

Nearly 28% of students were screened at Morrow County School District, identifying 48% percent at high risk for caries and 52% at moderate risk.⁶⁹

While Oregon has seen improvements in many oral health measures in recent years, disparities remain. Children with poor oral health miss more school days and receive lower grades than their peers. Because the burden of oral disease falls disproportionately on historically underserved communities, it can exacerbate existing gaps in opportunity and achievement.⁷⁰

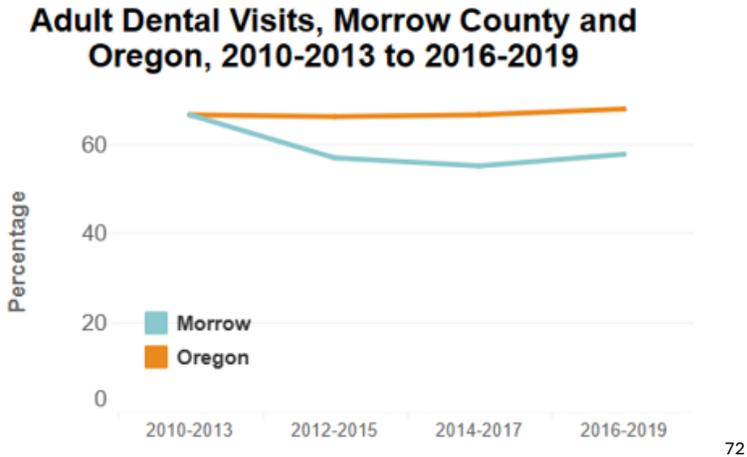
Children in low-income families, children in rural areas and children of color experience higher rates of tooth decay and are less likely to receive the care they need. In Oregon, 63% of children in low-income households have tooth decay, compared to 38% of children in higher-income households. Children of color have higher rates of tooth decay than white children and are half as likely to receive necessary treatment.⁷¹

More children in Oregon are covered by Medicaid and have dental coverage, but accessing dental care remains a challenge. Many dental clinics do not accept Medicaid covered patients.

Less than 45% of Oregonians 20 years of age and under with Medicaid or CHIP have been to the dentist in the past year.

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

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



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

The organization also delivers dental services to members of the Oregon Health Plan (OHP) in Morrow County through its contract with EOCCO ⁷³ At a single point in time (January 2024) 5,630 people were enrolled in services in Morrow County, which is a significant increase from pre-COVID-19 years.

Population Health

Behavioral Health

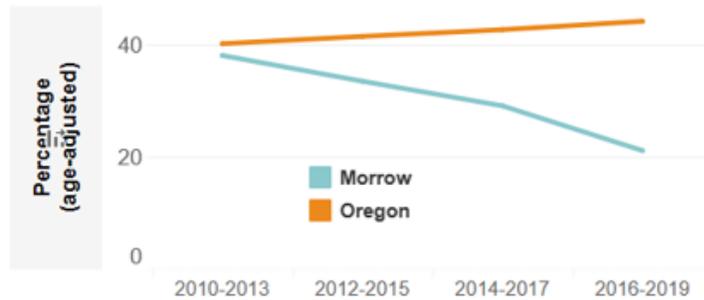
Behavioral health (mental health and substance use) disorders impact families, schools, workplaces, and the community. They can cause long-term health problems; lead to premature death; contribute to injuries, abuse, and violence; and financial difficulty, homelessness, and lost opportunity.

Identifying early signs and symptoms of adverse substance use and mental health outcomes, and prevention increases the chance of an individual living a healthy life. Among adults reporting a mental or substance use disorder in their lifetime, more than half report the onset occurred in childhood or adolescence. Therefore, it is important that children reach the milestones that are the markers of healthy development. Even from early ages social, emotional, cognitive, and other skills help young people grow into healthy adults. Successful development in childhood, adolescence and early adulthood is critical to preventing substance use and mental health disorders.⁷⁴

Mental Health Status

Oregon Health Authority Healthier Together Oregon Scorecard indicates 21% of adults in Morrow County reported poor mental health in the past month (2016-2019).

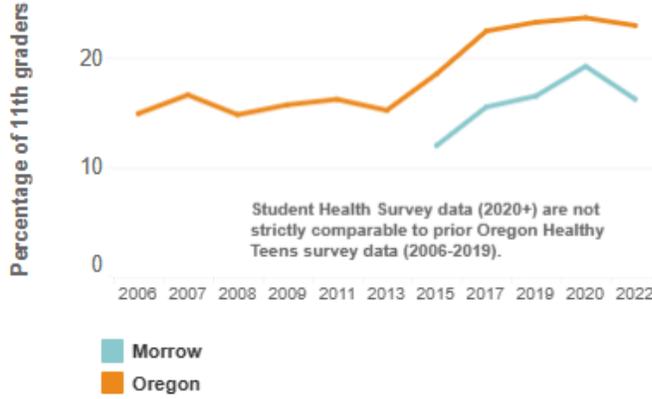
Adults with Poor Mental Health in Past Month, Morrow County and Oregon, 2010-2013 to 2016-2019



75

Youth Mental Health

Unmet Mental Health Care Need Among Youth, Morrow County and Oregon, 2015 to 2022

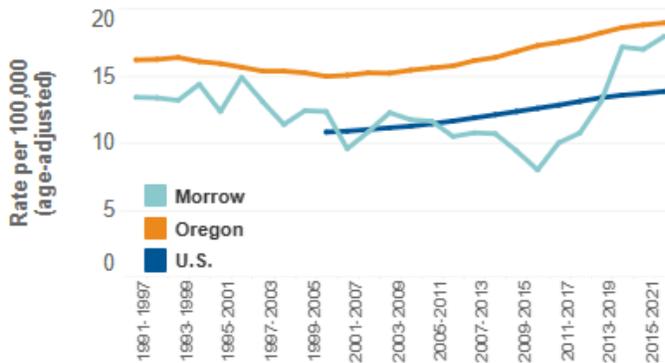


For adolescents, mental distress during the past year is a risk factor for suicidal thoughts and behaviors, and diminishes overall wellness, development, and school achievement. Ensuring access to mental health care for youth who need it is critical for health, especially for youth who identify as LGBTQ+ and youth with disabilities who experience disparities in access.

76

Suicide is one of the leading causes of death for the general population in Oregon and the second leading cause of death among people in Oregon age 10 to 24.⁷⁷

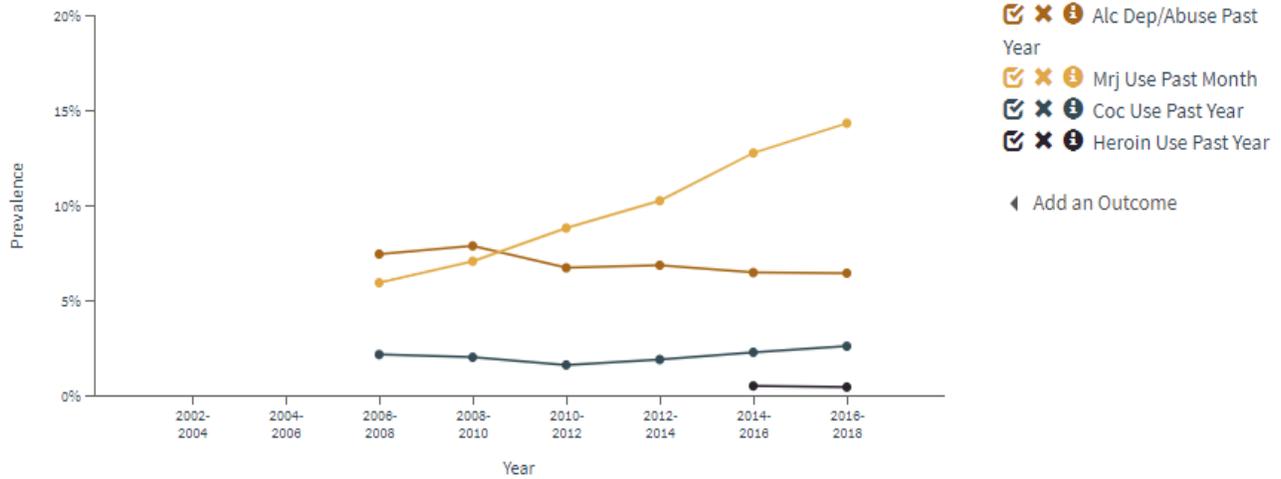
Suicide, Morrow County, Oregon and U.S., 1990-1996 to 2015-2021



78

Substance Use/abuse

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



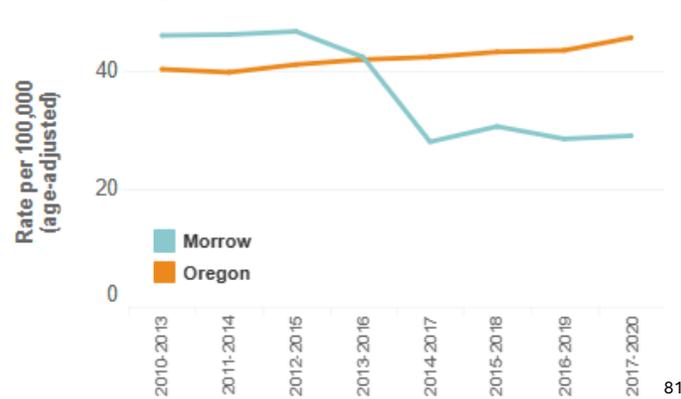
79

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

80

Substance Use/abuse Continued

Alcohol Related Deaths, Morrow County and Oregon, 2010-2013 to 2017-2020



81

Overdoses in general increased during recent years, especially in 2020 and 2021. This trend may be attributable, at least in part, to the effects of the COVID-19 pandemic. As access to health care facilities, assistance programs and risk reduction efforts decreased or stopped, unintentional and undetermined overdose-related deaths increased substantially. As services resumed and facilities began reopening, drug overdose-related deaths continued to increase. Disruptions to daily life, increased social isolation, job losses and other economic hardships, increased anxiety and other effects have likely contributed to the overdoses crisis. The pandemic exacerbated longstanding inequities and substance use disorder risk factors, including, but not limited to increasing income inequality and inconsistent access to shelter and health care.

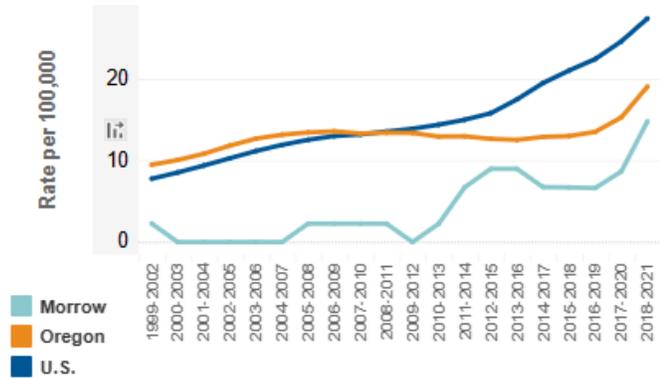
In 2022, substance use disorder, and overdoses were recognized as health threats of increasing urgency throughout the United States, including Oregon. Opioids and stimulants are the main types of substances associated with fatal and non-fatal overdoses in Oregon. Opioids include prescription painkillers and drugs used illicitly, such as heroin. Fentanyl is a synthetic opioid and may be obtained through prescription or illicitly. Stimulants include amphetamine and methamphetamine, both of which can be obtained illicitly or through prescription.⁸²

Despite progress in reducing prescription opioid misuse and overdose, challenges remain. They include recent increases in overdoses from illicit fentanyl and non-opioid drugs such as methamphetamine, which is often mixed with opioids. While prescription opioid death has decreased more than 50% since 2006, deaths from synthetic opioids (fentanyl) and heroin have increased dramatically in recent years.⁸³

Substance Use/abuse Continued

Drug overdose/poisoning deaths are those caused by methamphetamine, opioids, cocaine, and other substances, illicit and prescribed.

Drug Overdose/Poisoning Deaths, Morrow County, Oregon and U.S., 1999-2002 to 2018-2021



84

Services

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

Oregon Statute requires each county to either operate or contract with a non-profit for the operation of community mental health programs (CMHPs). Morrow County contracts with Community Counseling Solutions (CCS) to provide CMHP services.

The Eastern Oregon Coordinated Care Organization (EOCCO) also contracts with CCS to provide Medicaid behavioral health and developmental disability services.⁸⁵

Special Populations

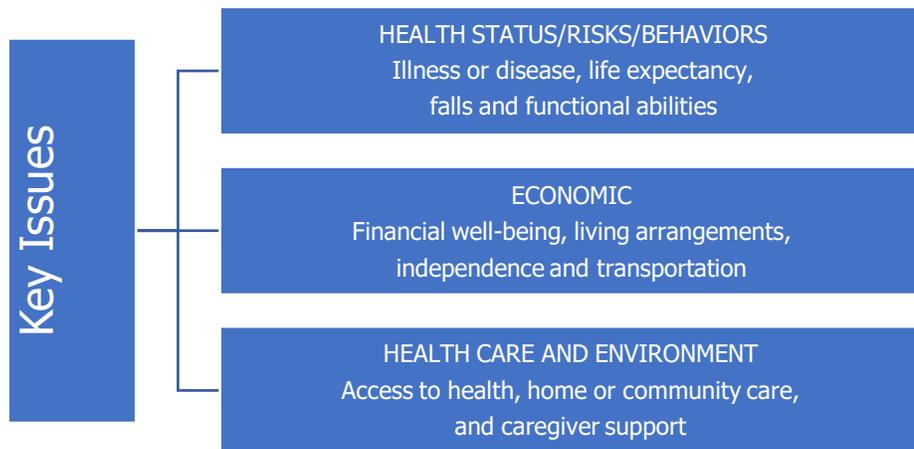
Older Adult

Population

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

During 2022, it was estimated that 2,163 people living in Morrow County were 65 years of age and older (approximately 18% of the total county population).⁸⁶

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



Health Behaviors

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

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

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

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

Health Status

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

Disability

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

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

Among the civilian noninstitutionalized population of adults aged 65 and over, approximately 46% of them experienced a disability.⁸⁷

Behavioral Health

Depressive symptoms are an important indicator of general well-being and mental health among older adults. People who report many depressive symptoms often experience higher rates of physical illness, greater functional disability, and higher health care resource utilization.⁸⁸

Access to Health Care Coverage

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

Original Medicare is made up of two parts:

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

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

Medicare Part B covers two types of services, including medically necessary services to treat illnesses or conditions, such as doctor's office visits, lab work, x-rays, and outpatient surgeries, and preventive services to keep you healthy, like cancer screenings and flu shots.

Part B also covers medically necessary durable medical equipment such as wheelchairs and walkers to treat a disease or condition. Costs for Part B services vary, but frequently, you will pay a deductible and then 20% of the Medicare-approved amount, as long as you use providers who accept Medicare assignment.

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

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

Medicare Advantage is a type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans must cover all of the medically necessary services that Original Medicare covers and may offer extra benefits that Original Medicare doesn’t cover—like some vision, hearing, dental, routine exams, and prescription drug coverage.⁸⁹

MORROW COUNTY MEDICARE ENROLLMENT⁹⁰

| 2023 | 2023 | 2023 |
|-------------------|---|-------|
| Original Medicare | Medicare Advantage & Other Health Plans | Total |
| 2,090 | 226 | 2,316 |

Dual Enrollment in Medicare and Medicaid

- Medicare for the coverage of most preventive, primary, and acute health care services and prescription drugs
- Medicaid for the coverage of Long-Term Services and Support (LTSS), certain behavioral health services, and Medicare premiums and cost-sharing.⁹¹

480 people were dual enrolled, Medicare and Medicaid Program December 2023.⁹²

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

Living Arrangements

Most older Americans live independently in traditional communities. Others live in licensed long-term care facilities, and still others live in communities with access to various services through their place of residence. Such services may include meal preparation, laundry, and cleaning services, and help with medications. Availability of such services through the place of residence may help older Americans maintain their independence and avoid institutionalization.⁹³

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

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

WHAT IS COMMUNITY LIVING?

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

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

WHY IS COMMUNITY LIVING IMPORTANT?

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

HOW DOES ACL SUPPORT COMMUNITY LIVING?

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

WHO ARE ACL'S PARTNERS?

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

ACL
Administration for Community Living

94

Special Populations

Veterans

Demographic

As a group, Veterans are older than the U.S. population. Compared with America's older population, older Veterans tend to have higher median family income, lower percentages of individuals who are uninsured or covered by Medicaid, higher percentages of functional limitations in activities of daily living or instrumental activities of daily living, greater likelihood of having any disability, and less likelihood of rating their general health status as good or better. The oldest segment of the veteran population will continue to have significant ramifications with regard to the demand for health care services, particularly in the area of long-term care. Those with chronic conditions (e.g., diabetes, high blood pressure) or disabilities are more likely to need comprehensive care and long-term support services to address their challenges.⁹⁵

The number of veterans aged 65 and over who are enrolled in and receive health care from the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), has been steadily increasing since eligibility for this benefit was reformed in 1999. Older veterans continue to turn to VHA for their health care needs, despite their eligibility for other sources of health care. VHA fills important gaps in the health care needs for older veterans that are not currently covered or fully covered by Medicare, such as long-term services and supports (nursing home care for eligible veterans and community-based care for all enrolled veterans) and specialized services for people with disabilities, including acute mental health services. In addition, VHA provides access to these important services in rural and highly rural communities.

There are an estimated 923 veterans living in Morrow County.⁹⁶

| Location | Proportion of Population of Veterans Aged 18 and Over ⁹⁷ |
|----------|---|
| Oregon | 6.2% |
| Morrow | 7.5% |

Needs

1 in 10 Oregon adults have served in the military.



1 out of 3 veterans surveyed who felt they needed behavioral health care didn't seek services because they felt uncomfortable or unsafe.



Oregon veterans 18-34 are at the **highest** risk for suicide.



98

Services to Veterans

The Morrow County Veterans Service Officer is an accredited VA representative who advocates for veterans and their families who live in Morrow County to ensure all entitlements provided by Federal and State law are received. Assistance includes:

- Filing for disability claims (both service-connected and non-service-connected)
- Obtaining military service and medical records
- Applying for VA health care
- Applying for VA education benefits
- Applying for burial benefits
- Applying for surviving spouse and dependent benefits

A VA survey found that nationwide, fewer than half of veterans understood their benefits, whether it was medical care, college tuition or pension and disability payments. Because VA applications are notoriously difficult to complete, the guidance of a trained veteran's service representative can cut months and years off the time it takes for veterans to receive benefits.⁹⁹

Health Care Access

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

Veterans have varied health insurance coverage, including Medicare, Medicaid, TRICARE, and private insurance. The availability of other public or private insurance coverage is an important factor related to enrollee use of VA health care services.¹⁰⁰

A Primary Care Telehealth Outreach Clinic is located in Boardman.

Veterans may be eligible outside of receiving care from the VA providers from health care providers in the local community through the Community Care Program. Community care must be first authorized by the VA before a Veteran can receive care from a community provider. It is available based on certain conditions and eligibility requirements, and in consideration of a veteran's specific needs and circumstances.

In Morrow County, providers include Pioneer Memorial Hospital, Irrigon Medical Clinic, Pioneer Memorial Clinic, Ione Community Clinic and Columbia River Health.¹⁰¹

Special Populations

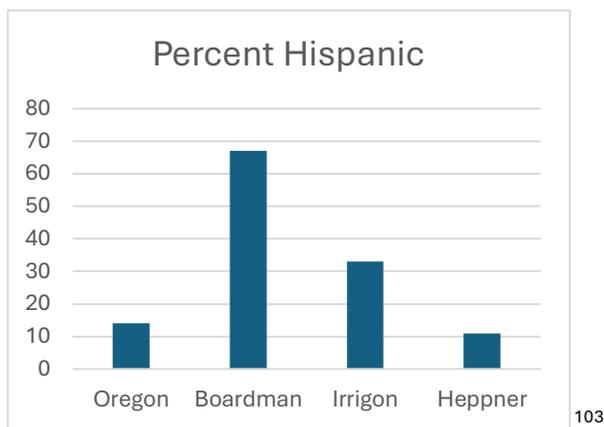
Hispanic/Latino/Latinx

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

The U.S. Census Bureau relies on self-reporting to enumerate persons in two categories - Hispanic or Latino or Non-Hispanic or Latino. Hispanic or Latino is defined as a person of Mexican, Cuban, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.

A person of Hispanic or Latino ethnicity may belong to any race category. There are six major race categories: White, Black, or African American, American Indian/Alaska Native, Asian, Hawaiian or Pacific Islander, and Other Specified.¹⁰²

Population



In 2021, Morrow County had the highest percentage of Hispanic/Latino persons per total population in the state (39.6%), Oregon (14.4%).¹⁰⁴

Language barriers continue to present challenges for those agencies that provide services and to individuals that speak Mam, Mixteco, Q'anjob'al/Kanjobal and Quiche (K'iche').

Economics

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

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

In Oregon, more than one in four (25%) Latino children lived in poor households from 2014-2018. Children are the hardest hit by poverty of any age group. From 2014-2018, Oregon's child poverty rate was nearly 18 percent, meaning that nearly one in five children in Oregon lived below the poverty line. ¹⁰⁵

Education

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

Early Childhood

High-quality early childhood education is a critical steppingstone in helping children succeed in school and become productive adults later in life.

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

Kindergarten – Twelfth Grade Students

19% of students attending the Lone School District were identified as Ever English Language Learners.

43% of students attending Morrow County School District were identified as Ever English Language Learners.

| Enrollment and Attendance | | |
|--|--|--|
| Location | 2022-2023 Number of Enrolled Students | Percent Hispanic Population |
| Morrow County School District | 2,279 | 58% |
| Ione School District | 138 | 31% |
| Oregon | 545,140 | 26% ¹⁰⁶ |

| Location | 2022-2023 Total Enrollment Attendance Rate | Hispanic Attendance Rate |
|--|---|---|
| Morrow County School District | 67% | 67% |
| Ione School District | 72% | 64% |
| Oregon | 62% | 55% ¹⁰⁷ |

Post-secondary

Latinos in Oregon are less likely to have a postsecondary degree than white counterpart.¹⁰⁸

Health

Hispanics are disproportionately affected by poor conditions of daily life, shaped by structural and social position factors (such as macroeconomics, cultural values, income, education, occupation, and social support systems, including health services), known as social determinants of health (SDoH)¹⁰⁹

There are disparities in health access and health outcomes for Oregon’s Latino population. Ensuring the positive health and development of Oregon’s large and growing Latino population is vitally important as Oregon’s Latino youth become tomorrow’s workforce, community members and leaders. While there have been some gains in Latino health in recent years, there remains large disparities between Latino and white Oregonians on many health indicators.

Limited cultural sensitivity, health illiteracy, and a shortage of Hispanic health care providers remain as the main barriers to access to health services for Hispanics.¹¹⁰

The percentage of uninsured Latinos dropped slightly, access to prenatal care has increased and teen pregnancy rates have dropped substantially. On all of these indicators, however, Latino Oregonians lag significantly behind their white peers. In addition, while self-reported indicators of emotional well-being are roughly equivalent for Latino and white youth, more Latino youth are obese, and Latino youths' self-reported physical health and the percentage meeting the positive youth development benchmark are lower than those of white youth.¹¹¹

Additionally, during 2024, The Eastern Oregon Coordinated Care Organization asked for input about the community's perception about issues affecting the health of people and needs with regard to access to and quality of care, community support, and health disparities.

See attached Summary.

Special Populations

Farmworkers

TO HELP ADVANCE EDUCATION AND INFORMATION ABOUT MORROW COUNTY FARMWORKERS, THE FOLLOWING INFORMATION IS PROVIDED AS A VERBATIM EXCERPT OF THE OREGON HUMAN DEVELOPMENT COALITION FARMWORKER NEEDS ASSESSMENT, APRIL 2022¹¹²

Very little public data is available that focuses specifically on farmworkers. As a result, much of the data used is on the Latinx population as a whole, which is less than ideal. The following information may help provide a foundation of information to Morrow County with a significant farmworker population.

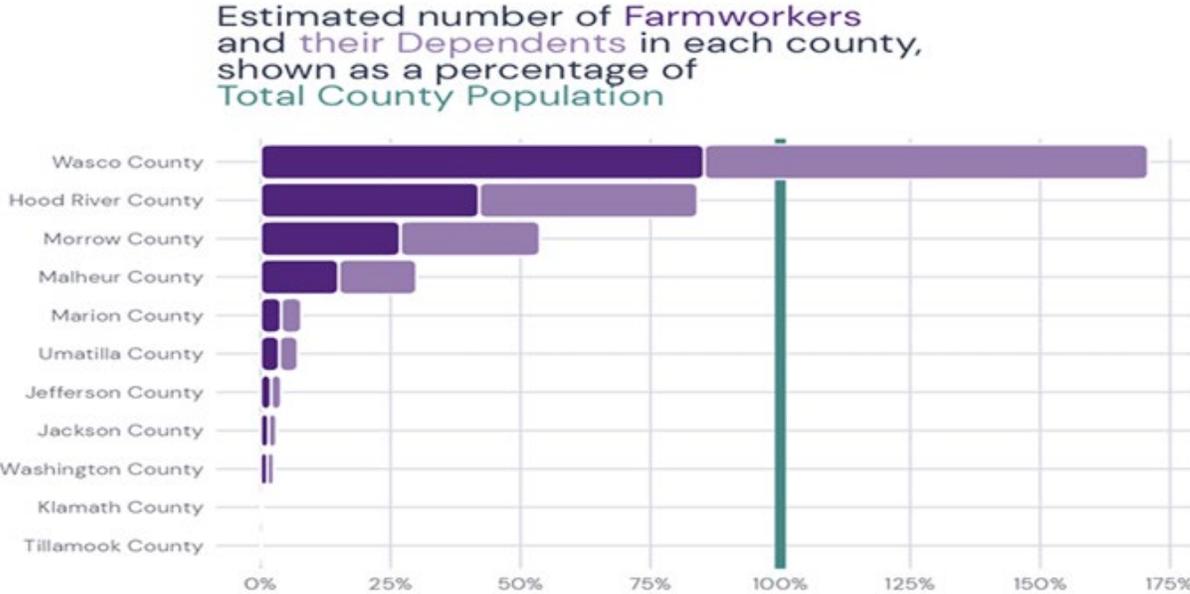
“OHDC, whose mission is to promote economic advancement and self-sufficiency of farmworkers and underserved communities, completed a Farmworker Needs Assessment during 2021, with a focus on 11 Oregon counties: Hood River, Jackson, Jefferson, Klamath, Malheur, Marion, Morrow, Tillamook, Umatilla, Wasco, and Washington with input from farmworkers, OHDC staff and agency partners regarding community assets and needs.

There are more than 531,000 jobs connected to Oregon agriculture, food, and fiber, and agriculture contributes \$42 billion to Oregon’s economy each year. As of 2017, there are an estimated 100,122 farmworkers in Oregon, doing the skilled and difficult work of growing, picking, and packing food.

Farmworkers in Oregon can be domestic or foreign-born and can be migrants (who leave their permanent residence to do seasonal farm jobs for months), seasonal or permanent ‘hired’ workers. Seasonal Farmworkers do not have year-round permanent jobs, and they may work for multiple employers throughout the year, but they return to their residence each day after work. Most Farmworkers are assumed to be seasonal, and about 33% of these are migrants. They work in a wide variety of agricultural settings. They may be U.S. citizens who were born here, or legal residents who immigrated to resettle permanently. Or they may come temporarily from another country (typically Mexico, Guatemala, or another Central American country), as part of the federal H-2A Temporary Agricultural Program. There are also ‘undocumented’ Farmworkers, who immigrated without legal documentation. OHDC serves all of these groups, and this assessment includes permanent Farmworkers as well as migrant and seasonal Farmworkers (MSFW). The work Farmworkers do include growing and harvesting any agricultural or horticultural commodities. Including raising livestock, dairies, bees or poultry, fish farming, forestry, and timber harvesting. It can involve handling, planting, harvesting, packing, drying, processing, freezing, grading, packaging as well as delivery to storage or market, and can include forestry work like tree planting, clearing and brush disposal.

This report represents the best effort to rely on existing secondary sources of data in order to estimate the MSFW population. This population changes rapidly and in response to a wide number of different incentives, which complicates these efforts. The provided estimates should not be considered definitive but rather reasonable estimates.

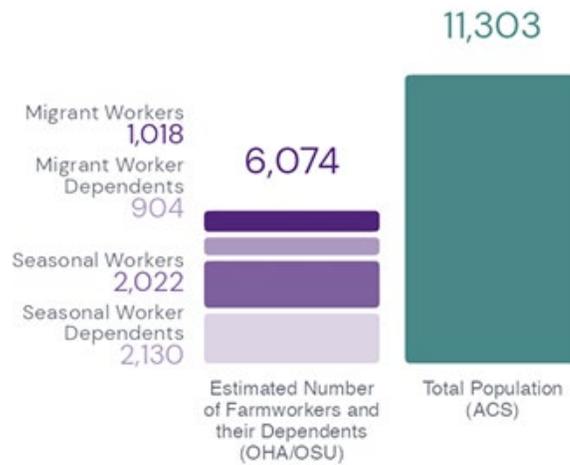
Over 75% of MSFWs are ‘accompanied’ by non-farm workers, many of whom are children. The estimates below are thought to be low because permanent “hired” workers, off-farm processing and packing workers are excluded.



Morrow County

Farmworkers are a significant part of the workforce in Morrow County, the second largest agricultural producer in the state thanks to its cattle ranches, dairies and fields that produce crops like potatoes and onions. Farm work is a heavily Latino profession, and Morrow County’s demographics reflect that: more than 40% of the county’s residents identify as Hispanic or Latino, the highest percentage in the state. ¹¹⁴

FARMWORKERS, DEPENDENTS AND TOTAL POPULATION



LEGAL STATUS OF LATINX POPULATION

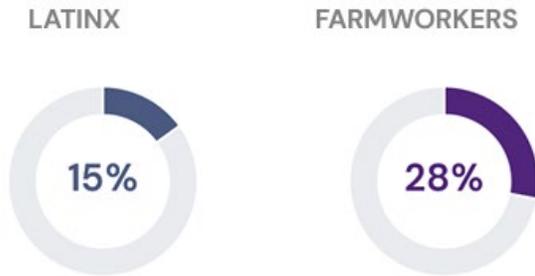


ETHNICITY OF FARMWORKER POPULATION*

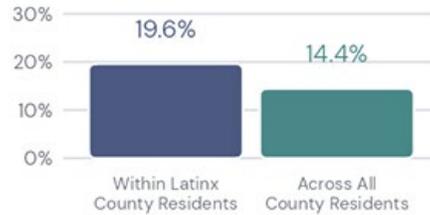


Morrow County

PERCENT EXPERIENCING FOOD INSECURITY*



PROPORTION OF INDIVIDUALS BELOW POVERTY LEVEL



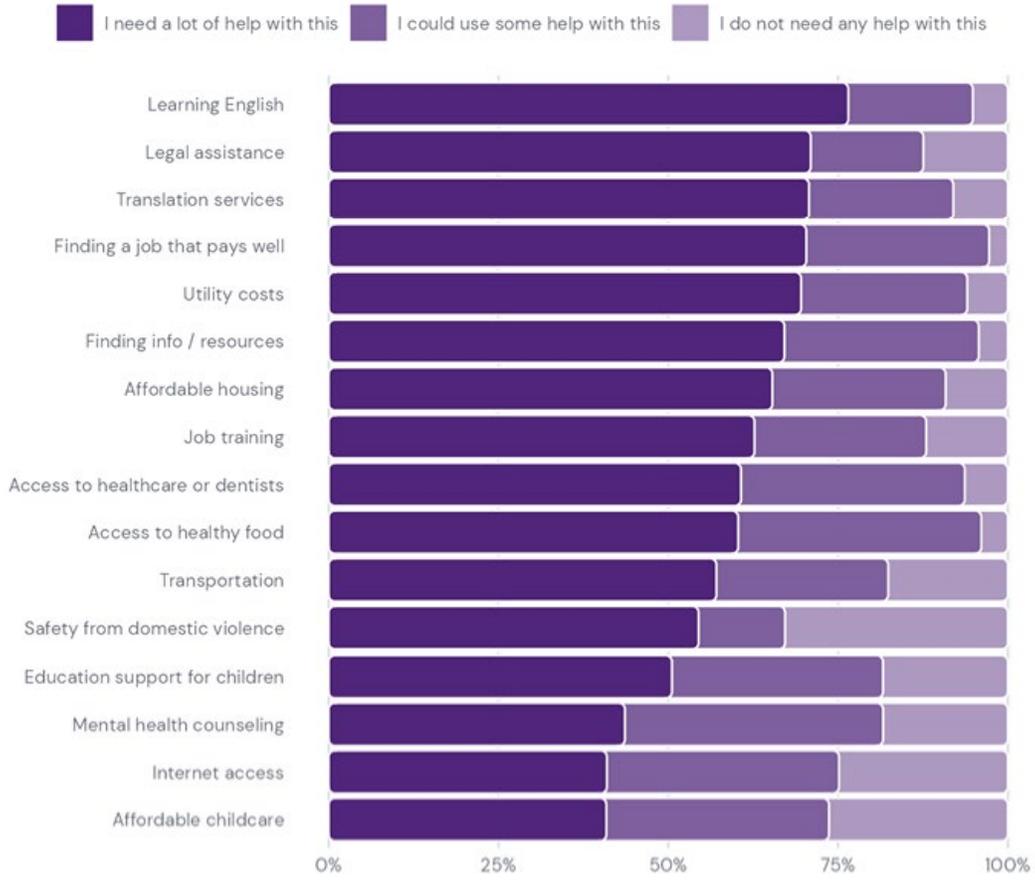
Challenges:

Hazardous work environment, poverty, and insufficient support systems, inadequate or unsafe housing, limited availability of clean water and septic systems, inadequate healthcare access, continuity of care issues, lack of insurance, cultural and language barriers, fear of using healthcare due to immigration status, and transportation. ¹¹⁶

Barriers that prevent rural migrant farmworkers from receiving healthcare and healthcare coverage:

Cost, shortage of healthcare services, lack of culturally and linguistically appropriate services, lack of information about healthcare coverage options, confusing eligibility requirements, inability to get sick leave, concern of losing paid work time, social isolation, and exclusion, for undocumented workers, fear of how their immigration status will affect eligibility.” ¹¹⁷

Farmworkers ranked challenges they need help with



118

ATTACHMENTS

Health Services Inventory

History of Collaboration

Eastern Oregon Coordinated Care Organization 2024 Survey

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Morrow County Health Services & Resource Inventory

HEALTH SERVICES

Advantage Dental from DentaQuest

Advantage Dental from DentaQuest is a Medicaid dental plan that provides dental care for Oregon Health Plan (OHP) members throughout the state.

Advantage Dental has been serving OHP members since 1994 and is currently the largest Medicaid dental plan in Oregon, serving over 475,000 members. Advantage Dental is committed to easy and equitable access to care and has a robust network of Primary Care Dentists (PCDs), including 50+ Advantage Dental+ practices, as well as privately contracted providers, dental specialists and a Community Care outreach team of hygienists and dental assistants that provide preventive dental services in community settings such as schools, WIC and Head Start.

Columbia River Health

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

Physical Health

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

Behavioral Health

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

Dental

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

Radiology

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

Lab

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

Columbia River Health Continued

Pharmacy

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

Support Services

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

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

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

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

Community Counseling Solutions (CCS)

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

Developmental Disability case management, eligibility, and protective services.

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

CCS also owns and operates Columbia River Ranch residential treatment facility in Boardman and Lakeview Heights secure residential treatment facility in Heppner.

Senior outreach and foster grandparent services throughout Oregon.

Problem gambling treatment free of charge.

Robust peer program providing peer counseling services.

Assessment and referral services for the Umatilla County jail.

Drug court in Umatilla and Morrow counties.

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

Community Counseling Solutions Continued

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

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

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

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

Rental assistance program matching patients with rental assistance opportunities.

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

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

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

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

24/7 Crisis response

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

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

Targeted addictions, gambling, and suicide prevention services

COVID outreach services to at-risk individuals

Good Shepherd Medical Center, Hermiston

The Community Health and Outreach Department is located in the Good Shepherd Clinic wing and consists of a wide variety of resource materials on health, wellness, or disease topics.

Morrow County Health District

Morrow County Health District (MCHD) is a non-profit, special district formed in 1994 to meet the healthcare needs of Morrow County residents.

Pioneer Memorial Hospital & Nursing Facility

Opened in 1950, PMH is a 21-bed critical access hospital located in Heppner, Oregon. PMH has an emergency department, inpatient and acute care, imaging services, laboratory, therapies, and a swing bed program that provides skilled nursing for both short-term and long-term care needs. PMH's critical access designation allows MCHD to receive enhanced funding to support the provision of other healthcare services.

Boardman Immediate Care

Located in Boardman Oregon, BIC provides immediate care, primary care, and occupational health services as a mobile extension of Irrigon Medical Clinic.

Ione Community Clinic

Both a school-based health center and rural health clinic, the Ione Community Clinic serves the needs of Ione and the surrounding area. ICC operates as a partnership between Morrow County Health District, Morrow County Public Health, Ione School District, and Community Counseling Solutions.

Irrigon Medical Clinic

Located in Irrigon, Oregon, IMC is a rural health clinic offering primary care, same day appointments, and occupational health services.

Pioneer Memorial Clinic

PMC is a rural health clinic offering primary care, same day appointments, and occupational health services in Heppner, Oregon.

Home Health & Hospice

MCHD provides home health and hospice services throughout Morrow and Gilliam counties. The goal of home health services is to help patients recover from illness, injury, or surgery in their own home. Hospice is a specialized approach to care that focuses on providing comfort, support, and dignity to individuals facing advanced, life-limiting illnesses.

Morrow County Public Health

Immunizations for all ages

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

Prenatal care assistance

Sexually transmitted infection (STI) screening and treatment

Communicable disease investigation and control

Tobacco prevention and education

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

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

Preparedness planning and education

The Health Department is also an active partner involved in the CARE Team and Wellness Hub, which offers “wraparound” services.

HUMAN AND COMMUNITY-BASED SERVICES

AGE+

A 501(c)3 nonprofit organization that empowers communities of all ages to value and care for older adults, especially those who are isolated, low-income, and underserved. AGE+ engages communities through stimulating partnerships, convening stakeholders, and developing innovative programs that address the challenges and opportunities of aging across the lifespan.

Empowers communities of all ages to value and care for older adults, especially those who are isolated, low-income, and underserved by finding innovative solutions that improve the lives of older adults, their families, care givers and communities.

CAPECO (Community Action Program of East Central Oregon)

Provides assistance with good and household, short-term housing, transportation, health and wellness senior services, energy, and weatherization.

Domestic Violence Services, Inc.

Provides a 24-hour crisis line, advocacy and support, emergency shelter, restraining orders, prevention education and support groups that are essential to assist survivors of domestic violence, sexual assault, stalking, and dating violence to help ensure their safety.

Doulas Latinas International

Non-profit organization that was found and works with Latino and People of Color communities, in particular with pregnant mothers, babies, and families with vision that every child/baby deserve to be a healthy adult. Outreach, education, literacy programs are offered, as well as culturally and linguistically focused programs to train and certify community doulas to enter the Traditional Health Workforce of Oregon.

Eastern Oregon Center for Independent Living (EOCIL)

Promotes independent living & equal access for all persons with disabilities

Eastern Oregon Coordinated Care Organization

The Eastern Oregon Coordinated Care Organization (EOCCO) has a diverse ownership structure that includes a number of providers and hospital systems that deliver quality care for OHP members living in the EOCCO service area of twelve Eastern Oregon counties. EOCCO works with local hospitals, providers, public health, county governments and other community partners to achieve better health, better care, and lower costs for EOCCO members.

Euvalcree

Mobilizes and engages underserved and underrepresented populations to improve the lives of all children, families and communities in rural Oregon, Washington, and Idaho.

GOBHI (Greater Oregon Behavioral Health, Inc.)

A 501(c)(3) nonprofit corporation that is charged with administering the behavioral health Medicaid benefits, non-emergent medical transportation, and community engagement in 12 rural and frontier counties in Oregon. GOBHI is a co-owner of the Eastern Oregon Coordinated Care Organization, along with Moda Health, and also provides various direct services statewide.

Legal Aid Services of Oregon

Justice for the low-income communities of Oregon - Domestic Violence Law, Consumer, Elder Law, Employment, Housing Law, and Family law.

Moda Health

As a health plan provider, Moda Health offers comprehensive medical and dental plans for individuals throughout Oregon and beyond. Moda Health is part of a network that helps administer benefits for the Eastern Oregon Coordinated Care Organization (EOCCO) by providing customer service, provider contracting, claims support, and more.

Morrow County Juvenile Services

Provides community protection, reduces juvenile crime and provides accountability of youth.

Morrow County Victim Assistance Office

Support services to the victims and witnesses of all types of crimes with particular emphasis on serious crimes against persons and property.

Oregon Department of Human Services (ODHS) Aging and People with Disabilities and Self-Sufficiency Programs - Hermiston

Provide resources, like cash and food assistance, as well as targeted services to help people move out of poverty and toward whole well-being and to people living with disability or needing supports as they age with a “No Wrong Door” policy to access assistance to programs.

Oregon Rural Action

501(c)3 grassroots organization led by diverse people and communities in Eastern Oregon. Working to advance the well-being of our communities and the environment through community organizing, public conversations, and public policy.

Oregon State University, SNAP-Ed Program

Provides SNAP-eligible individuals with evidence-based nutrition education and obesity prevention with a range of approaches, from direct education to community and public health strategies, all focused on improving dietary habits and promoting healthier lifestyles.

Oregon Washington Health Network

Collaborate with local organizations and county agencies to provide and support comprehensive services for all.

VETERANS' SERVICES**Morrow County Veterans Services**

Providing assistance with filing for disability claims (both service-connected and non-service-connected), obtaining military service and medical records, applying for VA Health Care, VA education benefits, burial benefits, & surviving spouse and dependent benefits

Morrow County VA Clinic

Non-emergency care primary care

Blue Mountain Action Council

Supportive services for veteran families providing eligible Veteran families with outreach, case management, and assistance in obtaining VA and other mainstream benefits that promote housing stability and community integration

FOOD AND HOUSEHOLD

Boardman Food Pantry

Food Pantry

Irrigon/Boardman Emergency Assistance Center

Rent, utilities, and food assistance

Irrigon Family Closet, Adventist Community Services

Tuesday only (Due to COVID restriction, closed as of 1-29-2021)

Bedding, clothing, shoes, and other household items

The Neighborhood Center of South Morrow County

Food, clothing, utilities, and household goods

OLDER ADULT MEAL SITE

Boardman Senior Center

Ione Senior Meal

Stoke's Landing Senior Center

South Morrow County Seniors Matter

TRANSPORTATION

The Loop-Morrow County Transportation

Morrow County Public Transit operates The Loop, with fixed route, demand-response service, and a weekly shopper transportation that provides all residents with safe, caring, and reliable transportation services.

CareVan Medical Transportation

Service to Boardman and Irrigon and any Good Shepherd Health Care System affiliated medical or service provider.

GOBHI Non-Emergency Medical Transport

Basic transportation for Oregon Health Plan members to medical behavioral or oral health care when no other transportation is available.

Columbia River Health Non-emergency Transport

Provides rides to and from medical appointments to their locations and affiliated clinics.

EDUCATION

Blue Mountain Early Learning Hub

Families First Childcare

Heppner Daycare

Ione Creative Care Preschool

Ione School District

Morrow County School District

Oregon Child Development Coalition

Sage Preschool

Umatilla Morrow Head Start

PHARMACY

Murrays Drug, Inc – Heppner and Boardman

Columbia River Health Pharmacy - Boardman

EMERGENCY SHELTER

Agape House- Hermiston

Shower services, clothing, and food

Hermiston Warming Station

Seasonal

Martha's House - Hermiston

Families

Stepping Stones Alliance – Hermiston

A community where all individuals have a safe place to shelter with access to supports necessary to create stability

HISTORY OF COLLABORATION

Community Health Improvement Partnership of Morrow County

July 2021 – June 2024

Members

Matt Combe - Morrow County School District
Tracey Johnson – Ione School District
Stephanie Case Morrow County Veterans Services
Kaley Schmidt - Umatilla Morrow County Head Start
Zaira Sanchez – Oregon Rural Action
Anamaria Rodriguez - Oregon Rural Action
Erin Bartsch - Umatilla Morrow County Head Start
Rebecca Gardner – Oregon Child Development Coalition
Heidi Ziegler – Oregon Department of Human Services
Emerson Ong - Oregon Office of Rural Health
Roy Drago - Morrow County Commissioner
Angles Padilla Villa – Euvalcree
Norma Ramirez – Euvalcree
Chelsey Estrada - Euvalcree
Peggy Doherty – Morrow County and Ione School District CARE Program
Kirt Toombs – Eastern Oregon Center for Independent Living
Nicole Mahoney - Morrow County Health District
Katelin Tellechea - Morrow County Health District
Christy Kenny – Morrow County Juvenile Services
Ben Tucker – Morrow County Transportation
Carolina Muniz - OSU Extension Supplemental Nutrition Assistance Program
Robbin Ferguson – Domestic Violence Services
Emily Brown – Good Shepherd Community Health System
Sandra Hernandez – Doulas Latinas International
Patty Fournel - Doulas Latinas International
Jerry Conklin – South Morrow County Seniors Matter
Robbin Swales – CAPECO Homeless Services Program
Erin Endicott – Oregon Washington Health Network
Machado Lidwinner – Oregon Department of Human Services
Rosa Armenta – Oregon Department of Human Services
Julia Brown – AGE+
Brenda Flores – Legal Aid Services of Oregon
Brenda Profitt – Families First Child Care

Medical/Health Community Representative

Emily Roberts – Morrow County Health District
Amy Bell – Advantage Dental by Dentaquest
Jodi Bissonette - Advantage Dental by Dentaquest
Sonja Neal – Columbia River Health
Kimberly Lindsay – Community Counseling Solutions
Matt Bergstrom – Community Counseling Solutions
Courtney Valenzuela – Moda Health/EOCCO
Mikayla Briare - Moda Health/EOCCO

Public Health Knowledge/Expertise

Robin Canaday - Morrow County Public Health Director
Yvonne Morter - Morrow County Public Health Registered Nurse
Ana Pineyro Morrow County Public Health Equity Program
Sarah Rea - Morrow County Public Health Chronic Disease Coordinator and Emergency
Preparedness Program
Diane Kilkenny – Registered Nurse
Yami Gonzales – Oregon Health Authority
Lourdes Reyna – Greater Oregon Behavioral Health, Inc./EOCCO
Norman Valdez - Greater Oregon Behavioral Health, Inc./EOCCO
Andrea Fletcher- Community Health Improvement Partnership of Morrow County

Joint CAC and CHIP Collaboration List July 2018 – June 2021

Members

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

Medical/Health Community Representative

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

Public Health Knowledge/Expertise

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

Joint CAC and CHIP Collaboration List July 2015 – June 2018

Members

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

Linda Skendzel – Morrow County Veteran’s Services
Tom Meier – Morrow County Juvenile Services
Anita Pranger – Morrow County Transportation
Kristin Bowles – Morrow County Sheriff’s Department
Angie Treadwell - OSU Extension Supplemental Nutrition Assistance Program
Rod Harwood - Greater Oregon Behavioral Health, Inc.
Kris Bohler - Greater Oregon Behavioral Health, Inc.
Kathryn Cheyney – Domestic Violence Services
Robin Ferguson – Domestic Violence Services
Carl Melle - Blue Mountain Community College
Paula Hall – CAPECO
Rosa Delgado – Oregon Department of Human Services

Medical/Health Community Representative

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

Community Participation

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

Public Health Knowledge/Expertise

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

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

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

Molly Rhea, RN, Morrow County Health Department

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

Estella Gomez – Oregon Health Authority

Troy Soenen – Greater Oregon Behavioral Health, Inc.

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

Members

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

Kelly Holland – Morrow County Primary Care Veteran’s Telehealth Clinic
Yvonne Morter – Morrow County Health Department
Cheryl Tallman – Morrow County Health District Home Health and Hospice
Amy Sandy – Consumer Member

Medical/Health Community Representative

Betsy Anderson, physician

Community Focus Groups

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

Public Health Knowledge/Expertise

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

Erin Anderson, RN, Healthy Families Program

Diane Kilkenny, RN, Healthy Families Program

Shelley Wight, Communicable Disease, Tobacco and Preparedness Program Manager

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

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.

Eastern Oregon Coordinated Care Organization 2024 Community Health Assessment

During the final months of 2024, to assess community perception about the issues affecting health of the community the Eastern Oregon Coordinated Care Organization made a public survey available to the residents of Morrow County and hosted focus groups in Boardman and Irrigon inviting Hispanic community members to discuss health needs and challenges.

Key Themes:

- **Access to care:** Participants expressed challenges with accessing various healthcare services, including dental, mental health, and vision. Factors limiting access included cost, wait times, limited provider availability, and geographic location.
- **Quality of care:** Some participants reported dissatisfaction with the quality of care received, citing issues such as lack of cultural understanding, inadequate communication, and limited treatment options.
- **Community support:** Participants highlighted the importance of community-based resources and support systems, such as food programs, housing assistance, and transportation services.
- **Health disparities:** The discussion revealed disparities in access to healthcare based on factors like income, insurance coverage, and geographic location.

Specific concerns raised:

- **Long wait times:** Difficulty obtaining appointments for various healthcare services.
- **High costs:** Challenges with affordability of healthcare, including medications and treatments.
- **Cultural barriers:** Language barriers and lack of cultural understanding among healthcare providers.
- **Limited community resources:** Lack of access to essential services like food, housing, and transportation.