

2022

HEALTH IMPROVEMENT PLAN

# Prepared and approved by:

Community Health Partnership/Advisory Council

Overview

In 2010, the Affordable Care Act (ACA) was signed into law with the goal of making healthcare more available and better managed. The law strived to achieve the Triple Aim — better health for all, better quality services and lower costs. The State of Oregon requests a waiver from the federal government to create its own Medicaid plan using coordinated care organizations (CCOs) to deliver care and meet the Triple Aim.

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

# Aim

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

# Strategies

To attain a high quality, cost-effective and accessible health care system for the people of Morrow County:

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

# Summary of Community Health Assessment and Health Improvement Plan

Everyone should have the opportunity to lead healthy, meaningful, and long lives in communities supportive of achieving optimal health. To this end, the Community Health Partnership/ Community Advisory Council (CHP/CAC) is responsible for helping to ensure EOCCO is responsive to member and community health needs. The primary charges are to: advocate for preventive care practices and oversee and collaborate with community partners to conduct a community health assessment (CHA) and Health Improvement Plan (HIP).

The Eastern Oregon Coordinated Care Organization compiled an updated health risk and assessment related to the EOCCO population and presented the findings to the Community Advisory Council for health improvement plan revision and approval in 2019. OHA requires a new CHA/HIP every five years to improve health outcomes of the population, but Morrow County chooses to update the HIP annually.

Additionally, during 2021, the Community Health Improvement Partnership of Morrow County completed a comprehensive Community Health Assessment which was originally initiated during 2010 and occurs every three years.

The assessment and EOCCO Health Improvement Plan are available on the Morrow County Health Department <https://www.co.morrow.or.us/publichealth>. For any questions, comments, or concerns, please contact Andrea Fletcher at [mcchip11@gmail.com.](mailto:mcchip11@gmail.com.)

# Criteria determining needs to be addressed

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

* + Magnitude of the issue
  + Data availability
  + Weight of the impact
  + Resource availability

# Priority Areas

1. Communication and Coordination
2. Health Equity
3. Maternal, Child and Family Health
4. Behavioral Health/Alcohol, Tobacco, and Substance Use
5. Oral Health
6. Chronic Conditions and Risk Factors
7. Workforce
8. Social Determinants of Health – housing, food security, language, childcare, education, income/wealth, access to healthcare, physical environment, and transportation

## Morrow County Priority: Maternal, Child and Family Health

## Oregon SHIP Priority: Access to Equitable Preventive Health Care; Institutional Bias; and Adversity, Trauma and Toxic Stress

## SHIP Implementation: Equity and Justice; Healthy Youth and Healthy Families

## Rationale

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

## Goals

Promote the well family.

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

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

Stay abreast of maternal depression rates and identify intervention strategies.

Objective/Outcome

## Maternal, Child and Family Health Activities

1. The CARE Team will continue to hold monthly meetings to communicate program progress and needs, coordinate service delivery and plan for additional or changed services. The CARE RN and CARE coordinators will have individual contact weekly.
2. The Care Team and Wellness Hub – an innovative braiding of resources that exist in Morrow County consisting of CARE coordinators, primary medical, oral, and mental health care providers, safety resource officers and early learning partners that provide immediate and efficient wraparound services to children and families - will identify measures for program evaluation.
3. By April 2022, the Adolescent Well Care Workgroup (health care providers, CARE Team, health department and school administrators) will provide targeted messages to school administrators/secretaries, athletic directors, parents, and community about the value of well care visits.
4. The Morrow County Health Department CARE RN and Morrow County school districts will review the plan to deliver wraparound CARE services. CARE team will evaluate and document every new kindergarten student and their family for health insurance assistance, immunization status, primary care home access, well care visits, dental screenings, and sealants, and needed community resources in cooperation with school districts. The CARE RN will continue to provide school-age-appropriate immunizations.
5. Continue to collaborate with Morrow County and Ione school districts, health district and FQHC to streamline access for students to health services through use of a consent form signed by parents at school registrations or when in contact with the CARE Team or CARE RN.
6. Through June 2022, the CARE Team will provide EOCCO client assistance with dental appointment scheduling and follow-up with Advantage Dental.
7. Partner with Umatilla Morrow County Head Start Healthy Families Oregon, Nurse Family Partnership, Maternal Infant Child Engagement Universal Referral Home Visiting Program, CaCoon and Babies First, which serve clients in Morrow County, focusing on parent engagement, maternal mental health, and other services as needed.
8. Convene a Wellness Hub (wraparound service providers) meeting annually.
9. Organize quarterly meetings of outreach or community health workers, care coordinators, system navigators and promotoras to share information and resources.

## CCO Incentive Measures (past and present)

## Adolescent and Ages 3, 4 and 5 Well Child, Childhood and Adolescent Immunization, Dental Sealants and New Members Receiving Preventive Dental Services Age 1-14, Screening for Depression age 12+, Developmental Screening, Effective Contraceptive Use, Timeliness of Prenatal Care and SBIRT

**YEAR 2023-2025**

1. Review Care Team Workplan, revise if necessary and implement changes.
2. Promote parenting classes, parent networks of support through home visiting, “Conscious Parenting” workshops, “Learning Picnics” and Domestic Violence Service “Parenting” classes.
3. Support well-care education, outreach, and family health improvement activities.
4. Advise and provide resources to Health Leadership Team development at junior and senior high schools.

## Morrow County Priority: Behavioral Health

## Oregon SHIP Priority: Behavioral Health; Institutional Bias; Adversity, Trauma and Stress; and Access Equitable Preventive Health Care

## SHIP Implementation: Behavioral Health and Equity and Justice

## Rationale

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

Identifying early signs and symptoms of adverse substance use, monitoring mental health outcomes, and utilizing prevention strategies increase the chance for an individual to live a healthy life. Among adults reporting a mental or substance use disorder in their lifetime, more than half report the onset occurred in childhood or adolescence. Therefore, it is important that children reach cognitive, social, and emotional milestones - the markers of healthy development critical to prevent substance use and mental health disorders - and help young people grow into healthy adults.

## Goals

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

# Objective/Outcome

## Behavioral Health Activities

* 1. By June 2022, examine current behavioral health programs and activities for connection to partner programs.
  2. Continue SPURS Program (mentor program) that pairs high school students with younger students struggling with emotional issues or distress.
  3. Umatilla Morrow Head Start and the Oregon Child Development Coalition Partnership Classrooms conduct mental health assessments for all children and provide referral as needed.
  4. Morrow County Juvenile Department works with partners to provide wraparound services that promote health, safety, education, and well-being.

1. The Blue Mountain Early Learning Hub works with DHS District 12 to learn trauma informed practices for service to children and families, and partner to develop a three-year plan to build supports for child and family mental health promotion.

## Incentive Measures (past and present)

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

## YEAR 2023-2025

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

## Morrow County Priority: Oral Health

## Oregon SHIP Priority: Institutional Bias and Access Equitable Preventive Health Care

## SHIP Implementation: Equity and Justice; Healthy Family and Healthy Youth

## Rationale

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

Studies show there may be a link between oral health and other chronic diseases. Dental decay in childhood has been linked to increased risk for future decay, and chronic oral infections are associated with an array of other health problems such as heart disease, diabetes, and unfavorable pregnancy outcomes. Among pregnant women, oral infections can increase the risk for premature delivery and low birth weight babies. Lifelong access to timely preventive dental care can reduce health care costs, but a high percentage of Oregonians are not currently receiving timely preventive care.

## Goals

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

Decrease the incidence/prevalence of dental disease.

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

## Incentive Measure (past and present)

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

# Objective/Outcome

## Oral Health Activities

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

**YEAR 2023-2025**

* 1. Review Oral Health Workplan, revise if necessary and implement changes.
  2. Support oral health education, outreach, and activities.

## Morrow County Priority: Chronic Conditions

## Oregon SHIP Priority: Access to Equitable Preventive Health Care; Institutional Bias; and Adversity, Trauma and Toxic Stress

## SHIP Implementation: Healthy Community; Healthy Youth and Health Families; and Equity and Justice

## Rationale

An upward trend has been observed with over fifty percent of the Morrow County population estimated to have more than one chronic condition. It is also estimated that 7,500 people in Morrow County exhibited one or more risk factors for developing a chronic condition (cigarette smoking, smokeless tobacco use, high blood pressure, high blood cholesterol, lack of physical activity and obesity).

## Goals

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

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

# Objective/Outcome

## Chronic Disease Activities

* + 1. Continue to support the food pantries and distribution programs.

* + 1. SNAP-Ed provides nutrition resources to food pantries.

## Incentive Measure (past and present)

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

## YEAR 2023-2025

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

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

## Oregon SHIP Priority: Institutional Bias; Adversity, Trauma and Toxic Stress; and Economic Drivers

## SHIP Implementation: Equity and Justice; Healthy Community; Healthy Youth and Healthy Families; and Housing and Food

## Rationale

## Conditions in the places where people live, learn, and work affect a wide range of health risks and outcomes. People living in rural areas are particularly impacted by social determinants of health. Inadequate housing conditions are associated with both physical and mental illnesses. Structural features of the home directly impact health, while affordability and stability may indirectly impact health.

Twenty-seven percent of households with extremely low income in Morrow County, pay more than 35% of their income in rent. In conversation with local city administrators, chamber of commerce directors and human service directors, anecdotally there is a perpetual shortage of housing units available for purchase or rent to match the needs or desires of would-be renters/purchasers. One barrier to housing development in Morrow County has been identified as lack of infrastructure within city limits to allow building to proceed.

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

## Goals

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

# Objective/Outcome

## Social Determinants of Health Activities

* 1. Ione and Morrow County School District and community partners continue summer and school-break food and backpack programs.
  2. Support food pantries and local food distribution programs.
  3. Identify CAC members working with community partners currently addressing housing issues.
  4. Connect with Morrow County Planning Department Rockit Housing Planning to stay apprised of data and community initiatives.

## SNAP-Ed returns and rebuilds the connection to cooking and nutrition programing to schools.

## YEAR 2023-2025

1. Support development of Eastern Oregon Mutual Aid Network.
2. Identify community food security initiatives that the CAC can support or actively participate with.
3. Work jointly with rural equity partners Social Determinants of Health (SDoH)

## Incentive Measure (past and present)

## Meaningful language access to culturally responsive health care

## Morrow County Priority: Health Workforce

## Oregon SHIP Priority: Institutional Bias; Behavioral Health; and Access to Equitable Preventive Health Care

## SHIP Implementation: Equity and Justice; Healthy Community; Healthy Youth and Healthy Families; Technology and Innovation; Behavioral Health and Workforce Development

## Rationale

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

## Goals

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

# Objective/Outcome

## Health Workforce Activities 2023-2025

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

**Morrow County Priority – Equity**

## Oregon SHIP Priority: Institutional Bias; Behavioral Health; and Access to Equitable Preventive Health Care

## SHIP Implementation: Equity and Justice; Healthy Community; Healthy Youth and Healthy Families; Technology and Innovation; Behavioral Health and Workforce Development

## Rationale

## People who live in rural areas experience major health inequities. A system will have to be established that allows all people to achieve their full health potential and not be disadvantaged by race, ethnicity, language, disability, gender, or social class.

## Goals

Understand equity issues driven by community-led information gathering and build opportunities to create equity in every service to marginalized populations.

# Objective/Outcome

## Equity Activities 2023-2025

## Convene discussion of Hispanic needs and issues.

# Annual Review

The document will be updated annually after reviewing incentive measures, new data, and annual progress report.