LiveHealthy LANE

2016-2019 Lane County Regional

COMMUNITY HEALTH IMPROVEMENT PLAN

Working together to create a caring community
where all people can live a healthier life

United Way of Lane County

PeaceHealth

Trillium Community Health Plan
It's beautiful what we cover

LANE COUNTY OREGON

Health

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

– World Health Organization

Healthy Community

"One that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

– World Health Organization

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Dear Community Partner,

I am pleased to present the **2016-2019 Community Health Improvement Plan**. This plan is the product of a collaborative effort by community members, the 100% Health Community Coalition Executive Committee (serving as the Steering Committee), United Way of Lane County, Lane County Public Health, PeaceHealth Oregon West, and Trillium Community Health Plan. In order to collaboratively develop this Community Health Improvement Plan, an extensive Community Health Needs Assessment and Community Health Improvement Planning process was conducted over the last15 months (March 2015- June 2016). Please see the companion document, the **2015-2016 Community Health Needs Assessment**, for further details on the process and data collected.

This Community Health Improvement Plan was designed to mobilize critical areas where collaborative action is needed to improve health and well-being. The plan illustrates where our community will work together over the next three years to improve the mental, physical and social health and overall well-being of our community.

One of our region's greatest assets is our people: we are passionate about our community, committed to improvement, and determined to see the vision of health become a reality. The drive, diligence, and support from the community made planning and completing this improvement plan possible. Thank you for all of your ongoing contributions and support for this remarkable community health improvement process.

Our challenges are great, but so is our community. We invite you to use this plan to help inform and enhance your knowledge of the work currently underway to improve community health. We also encourage you to review the priorities and goals, reflect on the suggested strategies, and consider how you can participate in this effort. By working together, we can create a caring community where all people can live a healthier life. We look forward to embarking on this journey together.

Sincerely,

Rick Kincade, MD
Chair, 100% Health Community Coalition

Executive Summary

We all want our community to be a healthy place to live and learn, work and play.
Our region has a strong foundation for a healthy community; it is built around abundant natural resources, has a history of collaboration across organizations, hardworking residents, caring neighborhoods, and innovative opportunities. While we are proud of these assets, we recognize there are still barriers to overcome.

The *2016-2019 Community Health Improvement Plan* (CHIP) is the product of a 15-month long community health improvement planning process led by the Live Healthy Lane partnership – United Way of Lane County, Lane County Public Health, PeaceHealth Oregon West, Trillium Community Health Plan and many community partners. The purpose of this process has been to develop a health improvement plan that partners from different sectors (e.g. health, education, housing, transportation) can use as a framework to improve the health of our community over the next three years. This plan contains strategies intended to make measurable improvements in two areas that the community voted to make our priority: *social and economic opportunities* and *healthy behaviors.*

The CHIP is informed by the *2015-2016 Community Health Needs Assessment* (CHNA), a report describing the health status of people in our community and the conditions that contribute to health. It also integrates significant input received from community members and stakeholders. The report is available online at: www.LiveHealthyLane.org.

The purpose of the assessment and health improvement effort is to reduce health disparities, promote health equity and improve overall population health. There are education and economic implications for poor health and addressing these issues successfully requires resources, effort, innovations and most importantly, participation from the entire community. The CHIP provides a common vision and shared approach for local partners to build strategic partnerships as we work toward creating a healthy and vibrant community.

To date, this community-driven process has **engaged over 2,500 individuals and 200 organizations.** By continuing to work together, we can create a caring community where everyone can have the opportunity to live a healthier life.

Overview of Our Region

For the purposes of this 2016-2019 Community Health Improvement Plan, our community's region includes Lane County and Reedsport, Oregon.

Reedsport, Oregon is located in Douglas County on the central Oregon coast and is 87 miles southwest of Eugene, Oregon and has 4,090 residents (97% urban, 3% rural).

Extending from the Pacific Ocean to the Cascade mountain range, Lane County is a vibrant mix of communities and people. Lane County is the fourth most populous county in Oregon, with a population just over 350,000 residents. The Eugene-Springfield area contains over 60% of the county's population and is the third-largest Metropolitan Statistical Area in Oregon. Outside of the metro area, Lane County is largely rural and unincorporated. The concentrated population, yet large geographic area of the county creates disparities in access to health and human services, as well as resources.

The 2016 County Health Rankings and Roadmaps rank Lane County 12th out of 36 counties in Oregon for overall health outcomes (length of life and quality of life) and 9th for health factors (health behaviors, clinical care, social and economic factors, and physical environment). Our region is a moderately healthy community with well-educated and active residents. The population is increasing, living longer, and becoming more diverse. Although good health outcomes and behaviors are prominent, there are still gaps to be addressed. Disparities exist between racial, geographic, and socioeconomic groups. For some issues, the gap is markedly wide.

Vision & Values

Vision Statement

Live Healthy Lane: Working together to create a caring community where all people can live a healthier life.

- -

Community Values

- **Compassion** – We are creating a community where all people are treated with dignity and respect.

- **Equity** – We believe everyone should have the opportunity to live a healthy life.

- **Inclusion** – We strive to embrace our differences and treat the whole person.

- **Collaboration** – We have committed our collective resources to innovation, coordination, and integration of services.

Goals & Strategies

Goals

Increase **economic and social opportunities** that promote healthy behaviors.

Increase **healthy behaviors** to improve health and well-being.

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Strategies

- ❖ Support **economic development** through investing in workforce strategies that provide sustainable family wage jobs in our communities.

- ❖ Encourage a range of safe and affordable **housing** opportunities, including the development of integrated and supportive housing.

- ❖ Assure availability of affordable **healthy food** and beverages in every community.

- ❖ Strengthen cross-sector **collaborations** and align resource to improve the physical, behavioral, and oral health and well-being of our communities.

- ❖ Encourage organizations across multiple sectors to integrate **health criteria** into decision making, as appropriate.

- ❖ Encourage the implementation of programs to promote positive **early childhood development** and safe/nurturing environments.

- ❖ Support the implementation of evidence -based **preventive screening** and referral policies and services by physical, behavioral, and oral healthcare and social service providers.

Equity Considerations

Equity Value Statement:

We believe everyone should have the opportunity to live a healthy life.

When making decisions, problem solving and taking action, it is important for us to consider equity and the impact on everyone in in our community, especially those in underserved demographic groups and protected classes.

Health Equity - Health equity is achieved when every person has the opportunity to "*attain his or her full health potential*" and no one is "*disadvantaged from achieving this potential because of social position or other socially determined circumstances.*" - Centers for Disease Control and Prevention.

Health Disparities - "*Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by*" people who have historically made vulnerable by policies set by local, state, and Federal institutions. "*Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), gender identity, or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.*" - Centers for Disease Control and Prevention

Social Determinants - "*Social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices.*" - World Health Organization

This community health improvement effort offers providers, planners, decision makers, policy makers, funders, and community leaders an opportunity to intentionally apply an equity framework into collective action and impact. A key element to successfully addressing the prioritized strategic issues will be to address all social, economic and environmental factors that provide everyone in our region an opportunity to live a healthy life. In order to fully realize health equity, all factors contributing to health must be addressed. Therefore, the Community Health Improvement Plan will use an equity lens to identify those factors that may have significant impacts on each priority area. An equity lens process is an intentional method for identifying and addressing health inequities by making more informed decisions to move toward the goal of achieving health equity. By adhering to such a framework, we can work on addressing the underlying factors that have led to consistently poorer health outcomes for disadvantaged groups.

Formed from the 2013-2016 Community Health Improvement Plan's Equity Workgroup, the Lane Equity Coalition Steering Committee will help ensure equitable implementation of the 2016-2019 Community Health Improvement Plan and monitor its progress toward improving health equity.

What Makes Us Healthy?

Risk factors that influence health such as age, genetics and race cannot be changed; these risk factors determine about 30% of an individual's health. The other 70% of risk factors that influence health are factors such as social and economic conditions, health behaviors, clinical care, and the physical environment, that can be changed through individual actions, policy changes or environmental modification. These two types of risk factors interact over the lifespan to influence an individual's overall health.

Research demonstrates that **social and economic conditions** contribute to the largest percentage of our health status, followed by **health behaviors**, **clinical care**, and the **physical environment**. Social and economic conditions encompass community safety, education, employment and income. Health behaviors include alcohol and drug use, diet and exercise, tobacco use, and sexual activity. Clinical care comprises access to health insurance and a consistent source of quality care that will meet the needs of the people. Lastly, the physical environment covers housing, air quality, and transportation.

Social Determinants of Health

A person's health is determined largely by social and economic factors, rather than by the health care he or she receives. This "social determinants of health" model explains why certain segments of the population experience better health outcomes, while for other populations, external factors in their lives make health difficult to achieve. Parts of our community experience significantly worse health than others. Narrowing the health disparities, and improving overall population health, requires solutions to address the social determinants of poor health. Understanding how these factors influence health is critical for developing the best strategies to address them.

The conditions in which we live, work, study, and play all influence health; achieving healthy communities will require the active engagement of many sectors. Working toward better health is not just the job of the individual, but the job of the community and organizations as well. Community and organizational support will ensure that residents who decide to live healthier will have the support and encouragement needed to be successful.

"The biggest obstacle to making fundamental societal changes is often not a shortage of funds but lack of political will; the health sector is well positioned to build the support and develop the partnerships required for change."

- Dr. Thomas Frieden, CDC Director

Planning Process

This Community Health Improvement Plan (CHIP) is the culmination of a community health improvement planning process that began with a Community Health Needs Assessment (CHNA), a comprehensive report of the state of health in our region. This CHIP was derived from CHNA findings of the health needs, conditions, and disparities between populations and regions in our community.

The process followed the Mobilizing for Action through Planning and Partnerships (MAPP) framework, a community-driven strategic planning model for improving community health. Developed by the National Association of County and City Health Officials (NACCHO), MAPP outlines the framework to conduct a CHNA and CHIP.

MAPP is made up of four assessments that are the foundation of the planning process, and includes the identification of strategic issues and goal/strategy formulation as prerequisites for action.

Organize for Success and Partner Development

The assembly of the Live Healthy Lane partnership completed PHASE ONE of the process in the spring of 2015. United Way of Lane County, Lane County Public Health, Trillium Community Health Plan, and PeaceHealth collaborated with members of the local public health system to form the organizational structure for the MAPP process. To develop a plan for improved community health and help sustain implementation efforts, the assessment and planning process engaged community members and local public health system partners through the following avenues:

- Steering Committee: provided guidance and direction for CHNA and CHIP.
- Core Team: conducted the CHNA, implement the CHIP, and will provide the overall management of the process.
- CHIP Action Teams: developed and will implement CHIP action plans.
- Additionally, community members and local public health system partners provided input and direction throughout the process.

Visioning

PHASE TWO: The visioning phase was a community-based process where more than 135 people from across the region participated in a multi-site simulcast community brainstorming session on June 25, 2015. The community vision and values that were selected are:

Working together to create a caring community where all people can live a healthier life.
Compassion ◆ Equity ◆ Inclusion ◆ Collaboration

Four MAPP Assessments

PHASE THREE: The four MAPP assessments included for the collection of quantitative and qualitative data. These data offered critical insights into the challenges and opportunities for our community. Phase Three was conducted from May through December 2015.

- *The Community Health Status Assessment* provided quantitative information on the community's health. To complete this assessment, a subcommittee was formed to focus on identifying and analyzing key issues from over 200 broad indicators.
- *The Community Themes and Strengths Assessment* gathered the thoughts, opinions, and perceptions of thousands of community members and consumers in order to understand which issues are important to the community. Three methods of data collection were utilized: 2,295 surveys were gathered, 50 focus groups conducted (with 500 participants), and 53 key informants were interviewed.
- *The Local Public Health System Assessment* evaluated the components, activities, competencies, and capacities of our local public health system and how well the 10 Essential Services of Public Health are being provided. To complete this assessment, members of the local public health system met to assess the system's performance.
- *The Forces of Change Assessment* identified the trends, factors, and events that were likely to influence community health and quality of life, or impact the work of the local public health system. To complete this assessment, the Core Team and Steering Committee worked together to form a comprehensive picture of the region's strengths, weaknesses, opportunities, and threats.

Identify Strategic Issues

PHASE FOUR: Strategic issues are critical challenges to be addressed, as well as significant opportunities to be leveraged, in order for a community to achieve its vision. Phase Four was conducted between December 2015 and February 2016, concluding with a multi-site community event to present the CHNA findings and vote on the strategic issues. While many areas are significant, identifying priority areas creates opportunities for collective impact. Two strategic issues were prioritized by over 260 people in our community to mark the end of the CHNA and form the foundation for the CHIP. The 2015-2016 CHNA report is available online at www.LiveHealthyLane.org.

Formulate Goals and Strategies

PHASE FIVE: This phase involved the formation of goals related to each strategic issue and identifying strategies for achieving each goal. Phase Five was conducted between February and April 2016, during which time meetings were held with the Core Team, Steering Committee, previous CHIP Workgroups, and stakeholders to evaluate potential strategies on various criteria (potential for cross-sector collaboration, health and equity impact, alignment with current work, available resources, and community support). In April 2016, the Steering Committee approved two goals and seven strategies for the 2016-2019 CHIP.

Action Cycle

PHASE SIX: The action cycle is a continuous cycle of planning, implementation, and evaluation that seeks to move the needle on key health priorities over the course of the three year plan. Implementation of Phase Six began in April 2016 with the identification of objectives and the development of this CHIP report. The action cycle will continue through 2019.

Strategic Direction

In collaboration with community members, consumers, and stakeholders, two strategic issues and goals were identified to guide actions toward demonstrably improving health and well-being in our community. The multi-level, multi-sectoral strategic approach demonstrates that the CHIP is a bold effort to harness the collective impact of our region's communities and local public health system partners.

Strategic Issues

- ❖ *How can we promote access to economic and social opportunities necessary to live a healthy life?*

- ❖ *How can we promote healthy behaviors and engage the community in healthy living?*

Goals

- ❖ *Increase economic and social opportunities that promote healthy behaviors.*

- ❖ *Increase healthy behaviors to improve health and well-being.*

Creating a healthy community requires action within and across sectors, because progress in one area will advance progress in another. To achieve lasting change, our community cannot continue doing more of the same. We must embrace a more integrated, comprehensive approach to health. This new perspective on health must become an essential part of our community, achieved by weaving together the threads of physical, mental, economic and social well-being.

These priorities were chosen based on which accomplishments would offer the greatest improvements in lifelong health, advance health equity, and promote equal access to conditions that allow people to be healthy. This plan outlines seven strategies intended to serve as the roadmap to addressing these areas and advancing toward our vision of a healthy community.
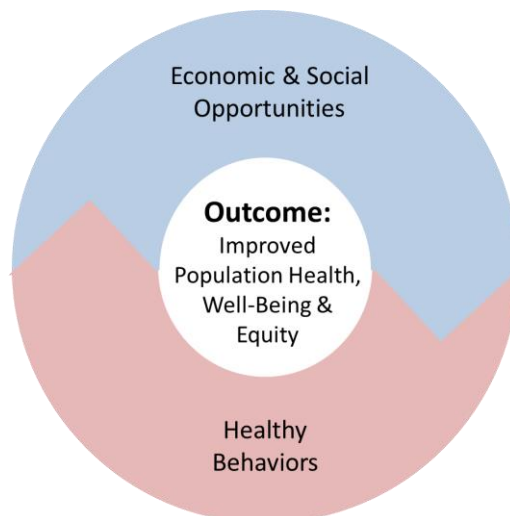
Economic and Social Opportunities

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Good health is far more than the absence of illness; social and economic opportunities strongly affect the ability to lead healthy lives. Health status and quality of life are intimately tied to numerous factors including income, poverty, race/ethnicity, education level, geographic location, and employment status. Unfortunately, too many in our community still do not have access to equal choices and opportunities that enable them to pursue healthy behaviors. By working to positively influence social and economic conditions that support changes in behavior, we can improve health in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play takes a unified approach to create a healthier community.

"It is so important to address the social determinants of health: poverty, access, education, and housing, which are root causes of so many chronic diseases."

– Community Member

The "Economic and Social Opportunities" priority highlights the need for improving the conditions in which we live, learn, work, and play in order to create a healthier community.

Healthy Behaviors

To create positive health outcomes, we must foster individual and community actions that promote good health from the start of life until its end. Community leaders, individuals, and representatives from healthcare, businesses, government and education must forge powerful partnerships and must support the desire of people to live healthier lives and engage in healthy behaviors. Personal choice and responsibility play a key role in attaining and maintaining health. Daily practices like eating a healthy diet, getting regular exercise, refraining from risky behaviors, and managing stress is linked to reduced negative health conditions such as heart disease, diabetes, and cancer. However, the choices people make depend on the choices they are given. The healthy choice is not always the "easy" choice – particularly for our community's more vulnerable residents – as was repeatedly voiced by community members and consumers throughout the CHNA/CHIP development process. Socioeconomic factors – such as whether people can afford to buy nutritious foods and safely engage in exercise in their neighborhoods – and environmental factors – such as whether healthy food options are locally available – impact an individual's health behaviors. By empowering the community to embrace healthy behaviors, individual and overall health outcomes will be positively impacted.

"We have to make the healthy choice the easy choice!"

- Community Member

The "Healthy Behaviors" priority strives to demonstrate the link between health behaviors and chronic disease and to help our region create environments that make healthy choices the easy choices.

Statement of Need

As part of the 2015-2016 Community Health Needs Assessment (CHNA), assessments were conducted to capture comprehensive snapshot of the current community health condition of our region, including the specific health needs and opportunities. Please view the full report online at www.LiveHealthyLane.org for the detailed findings and data citations.

As voiced by the community and supported by publically available data, our community is, overall, a moderately healthy and safe community. Our population is increasing, living longer, and becoming more diverse. Our community strengths include our availability of parks and recreational areas, strong collaboration and sense of community, public awareness of the social determinants of health, local healthy food, clean environment, increased access to health care coverage, and healthy living as a value. Collaborative partnerships and community engagement are strong and should serve as the foundation for planning and implementing initiatives to improve health.

Although good health outcomes and behaviors are prominent in our region, there are still gaps to be addressed. Disparities were identified between racial, geographic, and socioeconomic groups. The overarching theme of the CHNA data reflects a community divided between a high quality of life and limited resources for those in need. Not everyone in our region has the opportunity to be healthy and thriving. Some communities, for example, have great access to affordable grocery stores, public transit, health and human services, and other resources that benefit health and wellness. Other communities – often low-income and/or rural – are closer to fast food and alcohol retail outlets, freeways, industrial pollutants, and other factors that contribute to high rates of disease, death, injury, and violence.

Employment and Income

Creating conditions for economic growth adds to the health and vitality of a community. Investing in sustainable local businesses has many community benefits, including economic development (provides new jobs and keeps money in the local economy), environmental sustainability, and food security.

Community members who completed the survey identified good jobs and a healthy economy to be the third most important factor in creating a healthy community. Higher employment rates lead to better access to healthcare and better health outcomes. Lane County's current unemployment rate of 6.9% is similar to the state rate (U.S. Bureau of Labor Statistics, 2014). Overall, black/African-Americans, Latinos, youth and adults with less than a high school diploma are more likely to be unemployed. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, and lead to an increase in unhealthy behaviors.

Income can affect the ability of a household to have access to quality housing and childcare, health care, higher education opportunities, and nutritious food. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. As income increases, so does life expectancy.

The median income of all Lane County households consistently lags when compared to the state of Oregon as whole and the rest of the United States. In 2013, the median household income of all households in Lane County was $42,931 (ACS, 2013).

Median Household Income
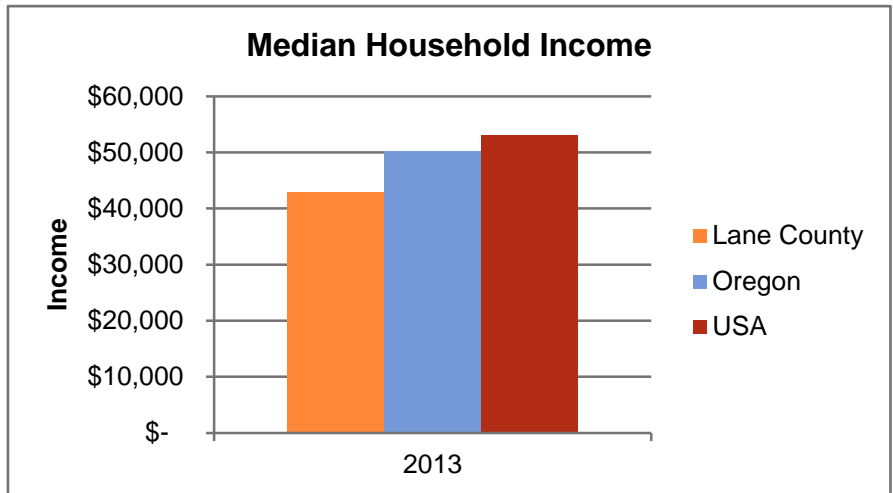
Far too many people in Lane County live in poverty. Approximately 20% of residents live below poverty level, which is more than the state as a whole and the nation (ACS, 2013). Poverty can result in negative health consequences, such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, intimate partner violence, and poor health behaviors. Key informants who were interviewed mentioned poverty as a critical health and quality of life issues in our region. Income and poverty disparities are evident between racial, geographic, and socioeconomic groups.

ALICE (an acronym that stands for Asset Limited, Income Constrained, Employed) households are households that earn more than the federal poverty level, but less than the basic cost of living for the county where they are located. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs in a given area. In Lane County in 2013, 43% of households fell below the ALICE Threshold, compared with 38% of Oregon households (ALICE, 2013). Community members and stakeholders participating in focus groups highlighted the lack of family wage jobs in our region.

> *"I think having a livable wage takes so much stress off people, so then they are able to live a healthy life and make healthy choices."*
>
> – CHNA Focus Group Participant

Housing

The availability of safe and affordable housing can serve as an indicator of the overall social, economic, health, and demographic state of the community. Spending a high percentage of household income on housing can create financial hardship, especially for renters with lower income. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical care.

> *"The cost of adequate housing in relation to wages here is very difficult."*
>
> – CHNA Focus Group Participant

In Lane County, 40.4% of our households are cost burdened, meaning they pay more than 30% of their income for housing (ACS, 2014). Surveyed community members identified the lack of affordable housing and poverty in the top five problems that impact health in the community. Focus group participants and key informants highlighted the vital importance of affordable, quality, and safe housing, especially with integrated services, to provide the foundation for community members to be healthy and thriving.

Cost-Burdened Households
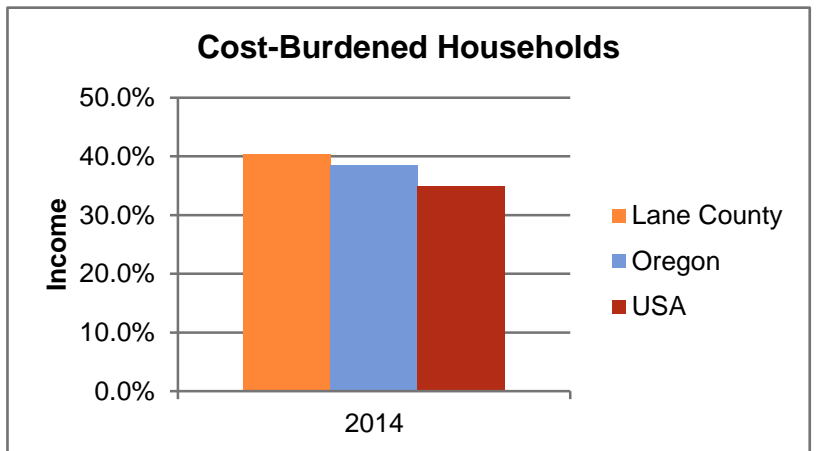
Food Security

Far too many of residents in our community struggle with access to healthy nutritious foods and food security. The USDA defines food insecurity as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." When it's hard for people to access nutritious food it becomes difficult to prevent and manage chronic diseases like diabetes or other diet related diseases.

"We need to step out of the food box, and we need more focus on jobs, job training, and more long term access to food."

– CHNA Focus Group Participant

Lane County's food insecurity rate of 16.5% is higher than Oregon as a whole's 15.2% (Mind the Meal Gap, 2014). Almost 22% of Lane County's total population receives financial supports through the Supplemental Nutrition Assistance Program (SNAP) and ½ of all students are eligible for the Free and Reduced Lunch Program in Lane County (SNAP, 2012; Department of Education, 2015). Community residents echoed the need for increased accessibility to affordable healthy foods in survey responses, focus groups, and key informant interviews.

Food Insecurity Rate
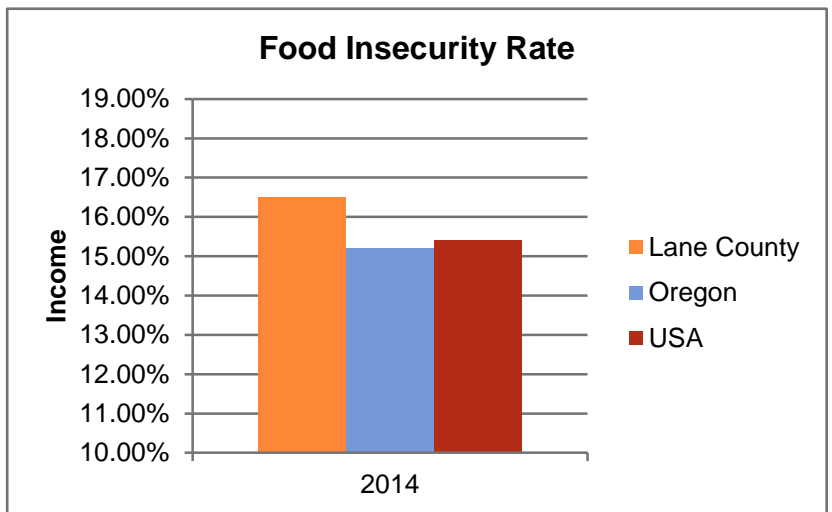
Food and Nutrition

It is essential to eat a fresh, healthy and balanced diet in order to maintain a healthy weight and prevent chronic disease. Consuming healthy foods and beverages is associated with lower risk of overweight and obesity and lower rates of numerous chronic diseases. Due to a combination of behavioral, social, economic, and environmental factors, many people do not eat the recommended levels of fruits and vegetables.

Only one in four Lane County adults and youth (8th and 11th graders) consume the recommended five or more servings of fruits and vegetables per day, a proportion that has not changed significantly over time (Oregon Behavioral Risk Factor Survey, 2013; Oregon Healthy Teens Survey, 2013).
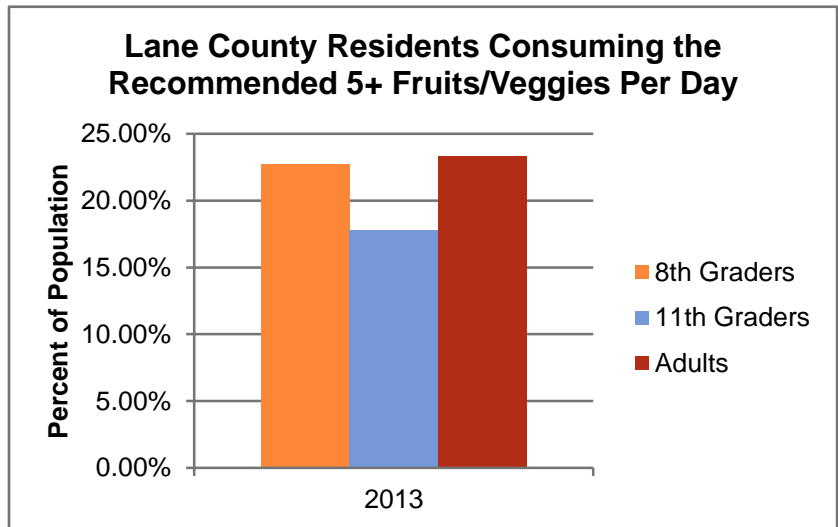
The availability and affordability of healthy and varied food options in a community increase the likelihood that residents will have a

Lane County Residents Consuming the Recommended 5+ Fruits/Veggies Per Day

balanced and nutritious diet. Unfortunately, fast food is accessible across Lane County, while access to full service grocers and farm stands varies throughout the county and "food deserts" exist both in metro and rural areas. The USDA defines food deserts as "parts of the country vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets, and healthy food providers."

In 2010, an estimated 39% of Lane County residents lived within close proximity to a full service grocer or a farm stand (USDA, 2010). While residents of Lane County have slightly better access to supermarkets or grocery stores when compared to the state of Oregon as a whole, there are huge disparities across the county. Low-income and underserved areas in Lane County have limited numbers of stores that sell healthy foods, especially fresh fruits and vegetables. Rural communities have a high number of convenience stores, where healthy and fresh foods are less available than in larger, retail food markets. Public transit is readily available in the metro area, but is limited or lacking in outlying and rural areas, creating more of a barrier to accessing healthy foods.

Early Childhood Development

Community members and stakeholders identified positive early childhood development as one of the key indicators of creating a healthy and thriving community. Experiences in early childhood are extremely important for a child's healthy development and lifelong learning. How a child develops during this time affects future

"We need better early education so kids have the best possible chance of doing well later in school and in life."

– CHNA Focus Group Participant

cognitive, social, emotional, language, and physical development, which in turn influences school readiness and later success in life. Failure to mitigate adverse early childhood experiences, such as poverty, abuse, or neglect, can impair healthy brain development, increasing social costs by exposing children to greater risk of academic failure and physical and mental health problems (Drotar, 1992).

Early education greatly influences health by improving access to more opportunities for secure employment and housing, better living conditions, and opportunities to live a healthy lifestyle. Oregon has the 4th worst four-year high school graduation rate in the nation, with Lane County continuously falling below the state average. In 2014, only 7 out of every 10 students had graduated from high school in four years (Dept. of Education, 2014).

Tobacco, Alcohol, and Drug Use

Alcohol, tobacco use, and drug use issues are concerns in our region that impact many lives. Community members who were surveyed and key leaders who were interviewed identified drug and alcohol abuse issues as having a big impact on health in the community.

Tobacco use remains the leading preventable cause of death. With nearly one out of every five people smoking, tobacco use is higher in Lane County than in Oregon overall (BRFFS, 2013). The burden of tobacco use falls hardest on lower-income residents. Tobacco use kills approximately two people a day in Lane County. Tobacco use causes lung cancer, cardiovascular disease and chronic obstructive pulmonary disorder, as well as increases the chances that a person will develop asthma, arthritis, diabetes, stroke, and various cancers, and worsens the ability to manage existing chronic diseases.

Adult Cigarette Smokers
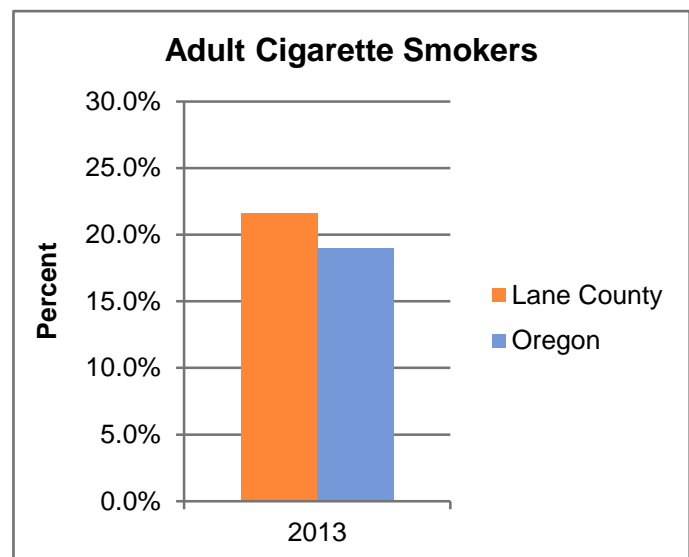
Binge drinking alcoholic beverages is associated with greater risk for injury, violence, substance abuse and alcoholism. Adult binge drinking has trended upward for more than a decade and has remained consistently higher in Lane County than the state Average. One in five adults report binge drinking in the past month. Likewise, alcohol induced deaths have also continued to increase. 74 people in Lane County died from causes directly attributable to alcohol use and an estimated 90 or so more people died from alcohol related causes including chronic diseases, injury and other (Oregon Center for Health Statistics, 2013).

Despite regulation by federal and state agencies, misuse, abuse, addiction and overdose of prescription drugs continues to occur in Lane County. Drug poisonings after a period of decline in end of the 2000's is on the rise again, and is 1.5 times higher than it was a decade ago (OCHS, 2013). On average, one person died from a drug poisoning each week in Lane County last year, more than half of those deaths were from Opioids. Opioids such as heroin and prescription pain medications are the leading contributor to drug-induced deaths.

Mental Health

According to the World Health Organization, mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Focus group participants and key informants identified mental health as a critical health and quality of life issue affecting our community. Suicides and severe depression have devastating long-lasting impacts on Lane County communities at rates far higher than much of the nation. Suicide rates have slowly increased over the last decade in Lane County and in the state as a whole and suicide is one of the five leading causes of death for people in Lane County aged 10-54 years. More than one person dies from suicide in Lane County every week (Oregon Center for Health Statistics, 2013).

> *"We need to make mental health services more accessible."*
>
> – CHNA Survey Respondent

Suicide Mortality
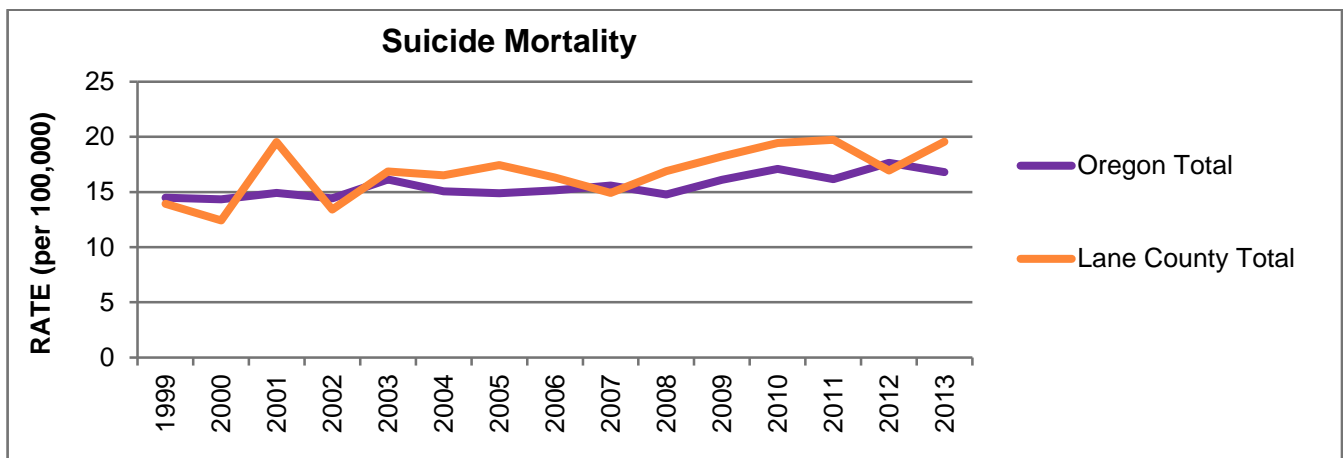
Sexually Transmitted Infections

Sexually transmitted infections are a significant health problem in Lane County. These infections pose a threat to an individual's immediate and long term health and well-being. They can lead to severe reproductive health complications such infertility and ectopic pregnancy. . Rates of some sexually transmitted infections are the highest they've been in 15 years. Sexually Transmitted Infections such as Chlamydia, Gonorrhea, and Syphilis have steadily risen and more than doubled over the last decade, and rate has accelerated in the past 5 years, roughly half of all infections occur among young people age 15-24 years of age (OR Office of Disease Prevention and Epidemiology, 2000-13).

Preventive Care

Preventative screenings and other services are essential for both children and adults in preventing illness, promoting wellness, and fostering vibrant communities. Use of preventative screening and health services is generally lower in Lane County than in Oregon overall.

> *"Prevention is the key to a healthier community."*
>
> – CHNA Key Informant

Well-child visits allow doctors and nurses to have regular contact with children; this helps to monitor the child's health and development through periodic developmental screening. Among children served by Trillium who received developmental screening in the first 36 months of life, 57.1% completed developmental screening during the first six months of 2015, compared to 28.3% in 2013 and 45% in 2014. Nearly 30% of adolescents served by Trillium had well-child visits in 2015 (mid-year), an approximate 10% improvement over 2013.

Screening for alcohol and drug misuse is critical to the prevention of or early intervention in addiction. Among Trillium Medicaid members, alcohol and drug screening has nearly tripled since 2013 and was completed for 8.8% of members ages 12 and older during the first six months of 2015, compared to 3% in 2013.

Oral health has been shown to impact overall health and well-being. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. People living in areas with low rates of dentists, such as our rural communities, have more difficulty accessing the dental care they need. In Lane County, 64.1% of adults had a dental care visit in the past year, based on 2010-2013 data. This was slightly lower than Oregon's 66% (BRFSS, 2013). About 75% of Lane County 8th and 11th graders had seen a dentist in the past year (Oregon Healthy Teens Survey, 2013).

Access to Care

Community members and stakeholders indicated that it is necessary to increase the availability of integrated primary care and behavioral health services, including School Based Health Centers. While we have greatly expanded the availability of health insurance, having health insurance is most effective when it also facilitates access to a consistent source of care. Access to a consistent healthcare provider results in increased use of preventive services, better health (physical, behavioral, oral) outcomes, reduced health disparities, and lower health care expenditures.

"Access to healthcare is still an issue."

– CHNA Key Informant

As of Mid-Year 2015, 69% of Medicaid enrollees in Lane County were assigned to Primary Care Providers practicing out of recognized Patient Centered Primary Care Homes (PCPCH). This is up from just over 60% in 2014, due to Medicaid expansion. (Trillium Report, 2014, 15).

Access varies greatly throughout the county and some rural areas have the highest unmet need in the state. Lane County is ranked in the middle as far as the number physicians are available to the population overall, 80% or more of local physicians are concentrated in Eugene/ Springfield. Communities in the Coastal Range and foothills and along the Highway 58 corridor have some of the highest unmet needs in the state. Surveyed community members identified the lack of access to physical, mental, and oral as the third biggest problem impacting the health in our community and that there is a shortage of health and social services, especially in rural communities and for vulnerable populations (i.e. rural, racial and ethnic minorities, homeless, LGBQT+, children and families, seniors, etc.).

Collaboration, Coordination, and Navigation

Our health is determined in part by the resources and supports available in our homes, neighborhoods, and communities. Community members stressed that the current system remains too difficult to navigate for many people. There is a need to improve communication between organizations and the public about available resources, and improve access to appropriate services for vulnerable populations. Many in Lane County – ranging from low-income persons to non-native English speakers seeking culturally responsive care in their primary language – struggle to get the services they need to be healthy and well. Community members and stakeholders identified services for vulnerable populations as one of the highest priorities for the community and its members to be healthy and thriving. Residents appreciate the organizations that provide critical services and resources in Lane County. However, there are still not enough health and social services to meet the growing needs of Lane County's most vulnerable populations. When community members are linked with appropriate services, complex health and socioeconomic factors can be better addressed.

> *"We need more culturally and linguistically appropriate health care and human services."*
>
> – CHNA Focus Group Participant

Community Assets

- ❖ Successful organizational collaborations and community partnerships.
- ❖ Social connectedness and community involvement.
- ❖ Community awareness of the social determinants of health and the broad perspective of health.
- ❖ An increased focus on prevention.
- ❖ The involvement of community organizations in service delivery.
- ❖ Solid interest and support for strengthening the local public health system.
- ❖ Healthy environments and recreational opportunities.
- ❖ Increased access to healthcare coverage.

> *"There is a lot of collaboration between organizations and community members in our community."*
>
> - CHNA Focus Group Participant

Action Framework

This CHIP Action Framework reflects our vision of health and well-being as the sum of many parts, and our belief that combining these components is essential to improving population health and motivating community change. This framework demonstrates the interdependence of factors affecting health and is intended to focus efforts and mobilize an integrated course of action.

VISION Working together to create a caring community where all people can live a healthier life. Equity – Collaboration – Inclusion - Compassion				
ASSESSMENTS Community Health Status ♦ Community Themes & Strengths ♦ Forces of Change ♦ Local Public Health System				
STRATEGIC ISSUE: How can we promote access to economic and social opportunities necessary to live a healthy life?		**STRATEGIC ISSUE:** How can we promote healthy behaviors and engage the community in healthy living?		
GOALS: • Increase economic and social opportunities that promote healthy behaviors • Increase healthy behaviors to improve health and well-being				
Strategies Social/Economic Environment	**Strategies** Built Environment	**Strategies** Policy & Governance	**Strategies** Long-Lasting Intervention	**Strategies** Clinical/ Education
Objectives	**Objectives**	**Objectives**	**Objectives**	**Objectives**
↓		↓		↓
HEALTH OUTCOMES Improved Population Health, Well Being and Equity; Reduced, Managed Chronic Disease				

We know it will take many partners to improve the health of Lane County, and it is our hope that this CHIP will help join individuals, organizations, and communities together to create a healthier place for everyone. As we make progress with the strategic issues outline in this CHIP, we believe Lane County will approach an outcome of improved population health, well-being and health equity. Achieving this will require sectors of the community to come together in new ways.

Strategies and Objectives

Strategies

Decades of research and practice have built an evidence base that point to effective approaches to improve the health of our community. Improving socioeconomic factors (e.g., poverty, education) and providing healthful environments (e.g., designing communities to promote access to healthy food) reinforce health across the community. Broad-based changes that benefit everyone should be supplemented by clinical services that meet individual health needs (e.g., mental health screening). Through health promotion, education, and counseling, we can provide people with the knowledge, tools, and options they need to make healthy choices.

The strategies and objectives described in this CHIP are based on information gathered from interviews and surveys conducted with key stakeholders and content experts, case study and evidence-based research, and local quantitative and qualitative data. These implementation strategies and objectives were selected based on their feasibility within the focus areas and their potential for adoption by the project partners and community.

This CHIP outlines seven multi-level, multi-sectoral, evidence-based strategies designed to improve the health and wellness of our community. The five-tier pyramid, shown on the following page, illustrates the impact of different types of strategies that will be implemented. The strategies addressing the socioeconomic factors that affect health make up the top of the pyramid. They have the greatest potential to affect health because they reach the entire population by making health resources readily available, ensuring the health care system is equipped to address health needs, and enacting policy that makes the healthy choice the default choice for the entire population. The strategies in the bottom two tiers of the pyramid commonly occur in a healthcare or social service setting. These interventions are essential to protect and improve an individual's health, but they typically have a lesser impact on the entire population's ability to achieve optimal health. Together, the strategies weave the web to help support community members in leading healthier lives.

Measuring Progress

The strategies are accompanied by a mix of measurable objectives, which were selected to illustrate progress and spark dialogue about the factors that influence and improve health. While the objectives set measurable targets for our region as a whole, it is critical that the activities and tactics carried out ultimately lead to a reduction of disparities. Historically underserved and disproportionately impacted communities will be prioritized when resource decisions are being made and when strategies are being designed.
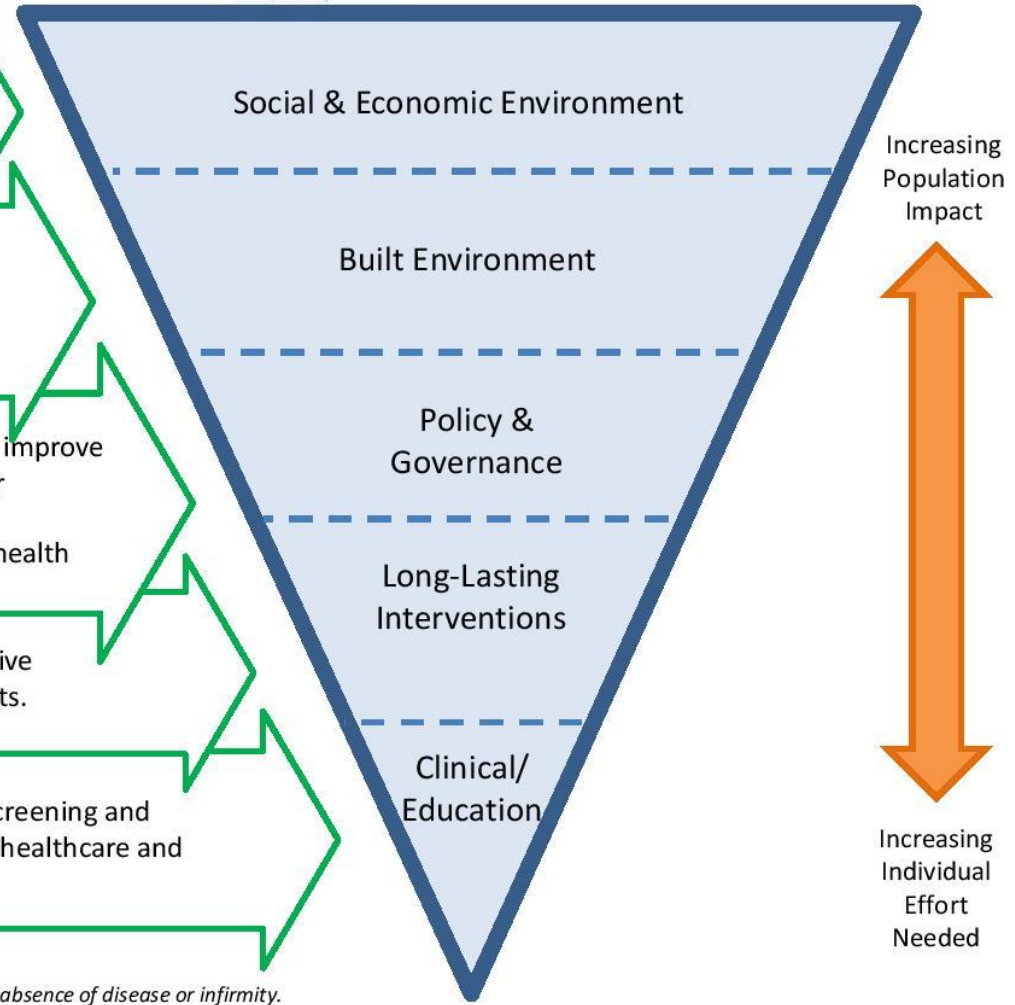
The performance measures that have been identified have the evidence base necessary to lead to improved health and well-being. The measures are not meant to delineate every indicator of population health, but rather to represent key elements of possible change. These indicators will be used to measure progress toward creating a healthy community and to plan and implement future efforts. Key indicators will be reported for the overall population and by subgroups as data becomes available. Indicators and targets are drawn from existing measurement efforts. As data sources and metrics are developed or enhanced, key measures/indicators and targets will be updated.

LiveHealthy LANE

GOALS

Increase **economic and social opportunities** that promote healthy behaviors.
Increase **healthy behaviors** to improve health and well-being.

STRATEGIES

- Support economic development by investing in workforce strategies that provide sustainable family wage jobs.
- Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.

- Assure availability of affordable healthy food and beverages in every community.

- Strengthen cross-sector collaborations and align resources to improve the physical, behavioral, and oral health and well-being of our communities.
- Encourage organizations across multiple sectors to integrate health criteria into decision making, as appropriate.

- Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.

- Support the implementation of evidence -based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.

United Way — United Way of Lane County · PeaceHealth · Trillium Community Health Plan · Lane County

Social & Economic Environment

Built Environment

Policy & Governance

Long-Lasting Interventions

Clinical/ Education

Increasing Population Impact

Increasing Individual Effort Needed

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Community Health Improvement Plan

STRATEGIC ISSUES

❖ *How can we promote access to economic and social opportunities necessary to live a healthy life?*

❖ *How can we promote healthy behaviors and engage the community in healthy living?*

GOALS

❖ *Increase economic and social opportunities that promote healthy behaviors.*

❖ *Increase healthy behaviors to improve health and well-being.*

EQUITY FOCUS

Ensure that activities are prioritized to positively impact underserved demographic groups and reduce health disparities. When making decisions, problem solving and taking action, it is important for us to consider equity and the impact on everyone in our community, especially those in underserved demographic groups.

LONG-TERM OUTCOMES

Improved:
- Mental/behavioral health
- Physical health
- Oral health
- Living wage jobs
- High school graduation rate
- Affordable housing

Reduced:
- Food insecurity
- Poverty
- Chronic disease
- Preventable death and disease
- Obesity and obesity-related disease
- Adverse Childhood Experiences
- Substance abuse
- Tobacco use and tobacco-related disease
- Suicide and depression
- Health disparities

INITIATIVE #1: SOCIAL AND ECONOMIC OPPORTUNITIES

STRATEGIES:

❖ **Support economic development through investing in workforce strategies that provide sustainable family wage jobs in our communities.**

❖ **Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.**

❖ **Promote availability of affordable healthy food and beverages in every community.**

JUSTIFICATION
Investing in workforce strategies that support sustainable local businesses has many community benefits, including economic development (by providing new jobs and keeping money in the local economy), environmental sustainability, and food security. Specifically, the growth and re-localization of the food system has health, social, economic, and environmental impacts. Safe and affordable housing serves as a platform for positive health, education and economic outcomes and is a crucial base in supporting resilient neighborhoods. Service-enriched housing helps the most vulnerable members of our communities to live a healthier life in a more stable environment. As our community seeks to grow a more sustainable and equitable economy with healthy residents, ensuring that healthy food is accessible to all is crucial. Without access to healthy foods, a nutritious diet and good health are out of reach. Likewise, without grocery stores and other fresh food retailers, communities are also missing the commercial vitality that makes neighborhoods livable and helps local economies thrive.

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
Increase the percent of families with living wage jobs	Percent of families with incomes below the living wage	46% *(2010-2014)*	44%	ACS; MIT Living Wage Calculator
Increase the median household income	Median household income	$42,931 *(2008-2013)*	$43,779	ACS
Decrease the proportion of low-income households that spend more than 30% on housing	Proportion of cost burdened low-income households (household income less-than or equal to 30% Housing Urban Development Area Median Family Income)	76% *(2012)*	75%	Compre-hensive Housing Affordability Strategy data

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
Increase the number of supportive housing units (integrating behavioral health and primary care services)	Number of supportive housing units	537	553	HUD CoC Housing Inventory County Reports
Increase the number of services (e.g. nutrition, employment/ training, physical activity, screening/ healthcare) provided in supportive housing units	Number of services provided in supportive housing units	TBD	TBD	TBD
Increase the percent of our collective food budget that is spent on foods grown, raised, and processed in our communities	Proportion of school district's food budget spent on local foods	29.6% *(2013-2014)*	36%	USDA Farm to School Census
	Percentage of producers participating in farm direct marketing (farms selling directly to the consumer)	22.9% *(2012)*	23.6%	USDA Census of Agriculture
	Percent of total agricultural sales that are farm direct marketing sales	4.0% *(2012)*	4.5%	Oregon Dept. of Ag.
Increase the proportion of the population that lives within close proximity to healthy food retail outlet	Percent of population within close proximity to healthy food retail outlets	38.6% (2013)	39.8%	Lane County Health Mapping
	Percent of low income (income below poverty threshold) population with low access to a supermarket, supercenter, or large grocery store. (>1 mile urban, >10 mile rural)	29% *(2010)* [4.9% of total population; 17,141 people]	28%	USDA Food Environment Atlas
	Farmers' markets/1,000 population	0.045 *(2013)* [count=16 markets]	0.05 [~18 markets]	USDA Food Environment Atlas
Increase the proportion of adults and youth that consume at least five fruits/veggies per day	Percent of youth and adults who consume at least five servings of fruits/ veggies per day	8th graders: 22.7% 11thgraders: 17.8% Adults: 23.3% *(2013)*	8th graders: 23.4% 11th graders: 19.3% Adults: 25%	Oregon Healthy Teens Survey; BRFFS

INITIATIVE #2: HEALTHY BEHAVIORS

STRATEGIES:

- ❖ **Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.**
- ❖ **Support the implementation of evidence-based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.**

JUSTIFICATION
Experiences in early childhood are extremely important for a child's healthy cognitive, social, emotional and physical development. Failure to prevent early adverse childhood experiences, such as poverty, abuse, or neglect, can impair healthy brain development, increasing social costs by exposing children to greater risk of academic failure and physical and mental health problems. Communities can promote positive early childhood development and safe/nurturing environments by making a variety of services and programs available. Preventive screening and services can help improve the health of infants, children, and adults and promote healthy behaviors. By encouraging patients to take advantage of appropriate preventive services, diseases can be found early, when treatment works best.

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
Increase the proportion of children who are ready for school in the following domains of healthy development: social-emotional development, approaches to learning, language, and cognitive development	Kindergarten Assessment average scores (self-regulation and interpersonal skills)	Self-Reg: 3.5/5 Interpersonal Skills: 3.9/5 *(2015-2016)*	Self-Reg: 3.7 Interpersonal Skills: 4.0	Oregon Dept. of Education
Increase the availability of integrated primary care and behavioral health services, including School Based Health Centers (SBHCs)	Number of Tier 2 and 3 Primary Care Patient Centered Medical Homes (PCPCH)	30 Tier 3 PCPCH *(based on Q3 2016 PCPCH data)*	33	Trillium
	Percentage of Medicaid members enrolled in a recognized PCPCH	82.4% *(2015 performance)*	90%	Trillium

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
	Utilization of School Based Health Centers	TBD	TBD	National Census of School Based Health Centers and OHA Public Health SBHC Program
	Percent of SBHCs that are integrated	TBD	TBD	National Census of School Based Health Centers and OHA Public Health SBHC Program
Increase the number of individuals who receive screenings/ referrals/ services (e.g. developmental, SBIRT, well-care, oral care, tobacco cessation, mental health/suicide, BMI, food security, reproductive sexual health)	Percent of children served by Trillium who receive developmental screening in the first 36 months of life	67.2% *(2015)*	73%	Trillium; Oregon Health Authority
	Percent of Trillium members (ages 12 and older) who had appropriate screening and intervention for alcohol or other substance abuse (SBIRT)	12.7% *(2015)*	12.7%	Trillium; Oregon Health Authority
	Percent of Trillium members (ages 12 and older) who had depression screening (PHQ9 or PHQ2)	23.5% (2015)	25%	Trillium; Oregon Health Authority
	Percent of adolescents (ages 12-21) served by Trillium who had at least one well-care visit in the past year.	37.8% *(2015)*	41.5%	Trillium; Oregon Health Authority
	Percent of population who had a dental care visit in the last year	8th Graders: 74% 11th Graders: 72.7% Adults: 64.1% *(2013)*	8th Graders: 76.2% 11th Graders: 74.8% Adults: 65.3%	Oregon Healthy Teens Survey; BRFSS

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
	Percentage of adult Trillium member tobacco users advised to quit by their doctor	51.3% *(2014)*	56.4%	Trillium; Oregon Health Authority
	Effective contraceptive use percentage among Trillium women members at risk of unintended pregnancy	36.6% *(2015)*	42.2%	Trillium; Oregon Health Authority

INITIATIVE #3: COLLABORATIVE INFRASTRUCTURE

STRATEGIES:

- ❖ **Strengthen cross-sector collaborations and align resources to improve the physical, behavioral, and oral health and well-being of our communities.**
- ❖ **Encourage organizations across multiple sectors to integrate health criteria into decision making, as appropriate.**

JUSTIFICATION
Creating a healthy community is a team effort and calls for mobilizing effective partnerships in order to identify and solve health problems. Collaboration across sectors such as education, business, transportation, and community development can play an essential role in the process. Cross-sector collaborations and aligning resources have the power to directly influence our community's health. A 'Health in All Policies' approach infuses health considerations and criteria into policy, planning, and program decisions. It also encourages collaboration with partners outside of the health care sector.

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
Increase the number of entities across a range of sectors contributing (e.g. staff, financial, other resources) to the CHIP	Number of hours and dollars contributed to the CHIP	Orgs that contributed to the 2013-2016 CHIP (Steering Committee or Workgroup): 31 *(2016)*	Orgs that contribute to the 2016-2019 CHIP: 50	Internal; Annual CHIP Survey
Increase the dollars to support common agenda goals	Dollars supporting common agenda goals: - External grants that align with the CHIP - Leveraged grants - Funds made available for community projects - Partner expenditures on CHIP initiatives	TBD	TBD	Internal; Annual CHIP Survey

OBJECTIVES	PERFORMANCE MEASURE	BASELINE	2019 TARGET	DATA SOURCE
Establish a shared measurement system for the CHIP	Creation of a CHIP shared measurement system	0 *(2016)*	1	Internal
Improve the performance of the local public health system in delivering the ten Essential Public Health Services	Essential Public Health Services (EPHS) and Model Standards Scores	Average overall performance score: 50.3% EPHS #4 (mobilizing community partnerships): 55.5% *(2015)*	Average score: 55.6% EPHS #4: 61%	National Public Health Perf Standards Program: Local Public Health System Asses.
Increase the number of organizations across a range of sectors that formally adopt a "health in all policies" approach to decision making	Number of organizations that have a formally adopted "health in all policies" approach to decision making	1 *(2016)*	6 orgs across 3 sectors	Annual CHIP Survey
Increase the number of policies that support tobacco- and smoke-free environments and address the main drivers of youth tobacco use	Number of tobacco- and smoke-free environments	48 *(2016)*	53	Lane County Public Health
	Number of policies that address the main drivers of youth tobacco use	56 *(2016)*	61	Lane County Public Health

Alignment

During the community health improvement planning process, the need for greater alignment of efforts was determined to be necessary in order to have the greatest impact on health. As such, this plan defines "alignment" as shared priorities, partnerships, and collaborative effort to reach goals. Alignment brings together a number of intersecting initiatives, all of which share common aims.

Based on the review of local public health data, it was determined that there are more similarities than differences in the health of our residents and that of the rest of the state. For this reason, and in order to align efforts at the state and local level to increase impact, the Live Healthy Lane team has worked to align our CHIP's priorities and strategies with the Oregon State Health Improvement Plan, Healthy People 2020, and National Prevention Strategy. We would like to thank these health improvement planning teams for their leadership in this work.

The chart below demonstrates the alignment of the 2016-2019 Lane County Regional Community Health Improvement Plan strategies with local, state, and national health improvement priorities.

Strategy	Local Plans	Oregon State Health Improvement Plan	Healthy People 2020	National Prevention Strategy
Support economic development through investing in workforce strategies that provide sustainable family wage jobs in our communities.	X		X	
Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.	X		X	X
Assure availability of affordable healthy food and beverages in every community.	X	X	X	X
Strengthen cross-sector collaborations and align resource to improve the physical, behavioral, and oral health and well-being of our communities.	X	X	X	X
Encourage organizations across multiple sectors to integrate health criteria into decision making, as appropriate.	X	X	X	X
Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.	X	X	X	X
Support the implementation of evidence - based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.	X	X	X	X

Next Steps

To oversee the CHIP's implementation process, the Live Healthy Lane partnership will develop an implementation plan. The plan will be developed in collaboration with community members, consumers, and stakeholders and will outline the activities and a timeline to accomplish the goals in the CHIP. United Way of Lane County, Lane County Public Health, PeaceHealth Oregon West, and Trillium Community Health Plan will take the lead on implementing and tracking progress. The 100% Health Executive Committee will serve as the Steering Committee for the Community Health Improvement Plan and provide guidance and direction for its implementation. Along with the collaboration of community stakeholders, the four partnering organizations will:

- Track and evaluate progress made implementing the strategies.
- Periodically review the plan and propose changes when greater impact can be achieved by modifying approaches.
- Help form strategic new partnerships to carry out the CHIP.
- Create connections between this plan and other key plans and initiatives that have similar goals.

A key initial step in the implementation plan will be to identify partners with whom to collaborate in each of the plan's priority areas. CHIP Action Teams focusing on particular initiatives will be established to complete more in-depth planning and to ensure successful implementation of strategies. Action Team members will have significant expertise on a specific issue and will include a mix of community partners and staff. When needed and as recommended, additional Task Forces will be established.

Real, lasting community change stems from critical assessment of current conditions, an aspirational framing for the desired future, and a clear evaluation of whether the efforts are making a difference. The health of the community is ever changing, as are the priorities of its members. In response to the changing needs of the community, action plans will be annually reviewed and will be updated as needed to meet current needs and trends. This will allow us to track progress, celebrate achievements and change course when desired outcomes are not being met. We will produce an annual report, beginning in 2017.

While participating in the CHIP's development, current and new partners demonstrated a great deal of enthusiasm for collaborating with United Way of Lane County, Lane County Public Health, PeaceHealth Oregon West, and Trillium Community Health Plan. This enthusiasm relates not only to the important goals outlined in the CHIP, but also to the spirit of partnership that is required to work together across sectors to improve the health and well-being of the community. We acknowledge that we cannot begin to do this work alone and we invite you to join us. We invite you to visit the Live Healthy Lane website at www.LiveHealthyLane.org to view updates about the work and learn more about participating.

Lastly, it is important to note that the CHIP priorities are not the only priorities that United Way of Lane County, Lane County Public Health, PeaceHealth Oregon West, and Trillium Community Health Plan will pursue. While each organization's internal strategic plans contain key activities and programs that will be implemented to help achieve the CHIP goals, they also include many other important projects and priorities.

Summary

This Community Health Improvement Plan is the product of 15 months of collaboration between United Way of Lane County, Lane County Public Health, PeaceHealth Oregon West, and Trillium Community Health Plan, along with our partners and the communities we serve. The strategies and objectives outlined in this document are only the beginning stages of improving the health of the region. The community's health is ever changing, as are the priorities of its members. In response to the changing needs, action plans will be annually reviewed and will be updated as needed to meet current needs and trends. We will produce an annual report, beginning in 2017, to share any successes or challenges we have encountered.

Community and organizational engagement is the most critical component of the community health improvement planning process. We are thankful to the thousands of community members and hundreds of organizations across our region who shared their time and expertise by attending the Community Health Visioning Session, the Live Healthy Lane: Defining Our Future event, participating in a focus groups, key informant interviews, completing the Community Health Survey, or evaluating potential strategies and otherwise providing input on the plan development. This health improvement planning process has only been possible because of the amazing participation from local organizations and the community. **Thank you!**

How Can You Help Improve Community Health?

Community health improvement is not a static process. We promote a cross-sector approach to community health planning and are therefore are looking for a variety of agencies interested in partnering across the region to help develop recommendations, implement programs, and evaluate efforts. If you, or your organization, are one of the missing partners in the Lane County Regional CHIP please contact us to get more information about how you can help support our efforts to improve community health. *We look forward to working together to create a caring community where all people can live a healthier life!*

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Thousands of community members and hundreds of organizations representing public, private and nonprofit groups contributed to the 2015/2016 Community Health Needs Assessment and development of the 2016-2019 Community Health Improvement Plan. The complete list of contributors can be found on Page 36. Their time, dedication and efforts are greatly appreciated. The following is a list of key contributors:

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Community Partners

Thank you to all who participated in the 2015-2016 Community Health Needs Assessment and helped develop the 2016-2019 Community Health Improvement Plan. Thank you!

HEALTH SYSTEM

Advantage Dental
Bethel Health Center
Cascade Health Solutions
Community Health Centers of Lane County
Cottage Grove Physical Therapy
Emergency Veterinary Hospital
Eugene Health Centers
Healing Spirit Integrative Health Center
Health Care For ALL Oregon
Health Security Preparedness and Response
Hope Family Health Clinic
Kaiser Permanente
Lane Community College Health Clinic
Lane County Maternal and Child Health
    Programs
Lane County Health and Human Services
McKenzie Surgery Center
McKenzie-Willamette Medical Center
Occupy Medical
Oregon Health Authority
Oregon Heart and Vascular Rehab Program
Oregon Home Care Commission
Oregon Imaging Center
Oregon Medical Group
Oregon Research Institute
PacificSource Health Plans
PeaceHealth
Planned Parenthood of Southwestern Oregon
Rural Oregon Accessible Medicine
Simard Chiropractic
Slocum Center for Orthopedics & Sports
    Medicine
Taylored Benefits
Trillium Community Health Plan
University of Oregon Health Center
Volunteers in Medicine
White Bird Clinic
Willamette Dental Group

BEHAVIORAL AND MENTAL HEALTH

Center for Family Development
Direction Service
HIV Alliance
Lane County Behavioral Health
Laurel Hill Center
Lifestyle Changes
Looking Glass Community Services
National Alliance on Mental Illness (NAMI) of Lane
    County
Options Counseling and Family Services
Oregon Family Support Network
Oregon Research Behavioral Intervention Strategies
Serenity Lane
Siuslaw Area Partnership to Prevent Substance Abuse
Solutions Therapy, Consulting and Training
South Lane Mental Health
Trauma Healing Project
Willamette Family Inc.

GOVERNMENT

Board of County Commissioners
City of Creswell
City of Eugene
City of Eugene Adaptive Recreation
City of Eugene Planning & Development Department
City of Eugene Public Works
City of Eugene Senior Services
City of Eugene: Recreation Services
City of Florence
City of Oakridge
City of Springfield
City of Veneta
Community Health Centers of Lane County
Congressman Peter DeFazio
Department of Human Services
Eugene City Council
Lane Council of Governments (LCOG)
Lane County Behavioral Health
Lane County Government
Lane County Health & Human Services
Lane County Maternal and Child Health Programs
Lane County Public Health
Lane County Public Works
Oregon Health Authority
Oregon State Legislature
Oregon's 4th Congressional District
US Forest Services, Willamette National Forest

HUMAN SERVICES AND COMMUNITY ORGANIZATIONS

211 Info
90by30
A Community Together
Bethel Family Center
Brattain House Community Family Center
Centro Latino Americano
City of Eugene Adaptive Recreation
City of Eugene Senior Services
City of Eugene: Recreation Services
Coaching Parents
Cottage Grove Family Resource Center
Court Appointed Special Advocates (CASA)
CrossCultural Now
CrossFit Kin
Daisy CHAIN Mothering
Department of Human Services
Downtown Languages
Eugene Civic Alliance
Eugene Family YMCA
Eugene Public Library
Family Forward Oregon
Family Relief Nursery
Fern Ridge Community Dinner
FOOD for Lane County
Goodwill Industries
HealthFirst Financial
Healthy Moves
Hearing Loss Association of America
Huerto de la Familia
Institute for Patient- and Family-Centered Care
Kids' FIRST Center
Lane County Commission for the Advancement of Human Rights
Lane Independent Living Alliance (LILA)
Lane Workforce Partnership
League of United Latin American Citizens
Marcola Family Resource Center
Mohawk-McKenzie Grange
NAACP - Eugene/Springfield Oregon
Oakridge Family Resource Center
Oakridge Kiwanis Club
Ophelia's Place
Oregon Food Bank
Oregonians for Gambling Awareness Organization
Parent Partnership Comprehensive Programs
Parenting Now!
Pearl Buck Center
Pilas! Family Literacy Program
Planned Parenthood REVolution
Relief Nursery
School Garden Project of Lane County
Senior and Disability Services
ShelterCare
South Lane Family Resource Center
Sponsors

Springfield Public Library
St. Vincent de Paul
Stand For Children
Sustainable Cottage Grove
United Way of Lane County
Walterville Grange
Willamalane Park and Recreation District
Willamette Farm and Food Coalition
WomenSpace
Youth MOVE Oregon

EDUCATION

4J Eugene School District
Bethel School District
Creswell School District
Early Childhood CARES
Early Learning Alliance
Head Start of Lane County
Junction City School District
Lane Community College
Lane Community College Health Professions Division
Northwest Christian University
Northwest Youth Corps
Oregon Health and Science University
Oregon State University Extension
Siuslaw School District
South Lane School District
Springfield Public Schools
University of Oregon
Wilagillespie Elementary School

HOUSING

Cornerstone Community Housing
Housing and Community Services Agency (HACSA)
Housing Policy Board
Lane County Land Use Planning & Zoning
Oregon Housing and Community Services
Oregon Housing Alliance
Springfield/Eugene Habitat for Humanity
Viridian Management
Windermere

TRANSPORTATION

City of Eugene Transportation Options
Eugene and Springfield Safe Routes to School
Lane Transit District (LTD)

ECONOMIC DEVELOPMENT

Eugene Chamber of Commerce
Lane County Economic Development
Lane Workforce Partnership
Neighborhood Economic Development Corp. (NEDCO)
Upper Willamette Community Development Corporation
WorkSource Lane

FOUNDATIONS & PHILANTHROPY

AmeriCorps VISTA
Children's Institute
Oregon Community Foundation
Slocum Research and Education Foundation
Taubert Foundation
United Way of Lane County

BUSINESSES
Banner Bank
Cross Cultural Now
Dean/Ross Associates
Emerald Aquatics
Eugene Water and Electric Board
Hawes Financial Group
Hershner Hunter
Lourdes Sanchez Attorneys at Law
Lunar Logic
Moss Adams LLP
Ninkasi Brewing Company
Pacific Continental Bank
Royal Caribbean Cruises Ltd
Sapient Private Wealth Management
Smith and Associates
US Bank

MEDIA
Rick Dancer Media Services
KEZI 9 News
KLCC
KMTR

CRIMINAL JUSTICE AND PUBLIC SAFETY/EMERGENCY SERVICES
Eugene Police Department
Eugene Springfield Fire Department
Johnson Johnson & Schaller, PC
Juvenile Recovery and Progress Court
Lane County Circuit Court
Lane County District Attorney's Office
Lane County Legal Aid & Advocacy Center
Lane County Sheriff's Office
Lane County Youth Services
Oregon Department of Corrections
Public Defender Services of Lane County Inc.
Springfield Police Department
US District Court, District of Oregon

FAITH
Centro de fe Community Church
Community Service Center
Discover the Power of Choice
First Christian Church
Power House Worship Center

COALITIONS & COMMITTEES
100% Health Community Coalition
100% Health Safety Net Committee
Alliance for Healthy Families
Be Your Best Cottage Grove
Bicycle and Pedestrian Advisory Committee
CHIP Equity Workgroup
CHIP Mental Health and Addictions Workgroup
CHIP Obesity Prevention Workgroup
CHIP Tobacco Prevention Workgroup
Coalition of Local Health Offices
Community Resource Network
DHS District 5 Advisory Committee
Early Childhood Mental Health Team
Early Learning Alliance
Early Learning Alliance Pediatric Advisory Group
Early Learning Stakeholders
Eugene Springfield Prevention Coalition
Family Resource Center Managers
Lane County Mental Health Promotion Steering Committee
Lane Equity Coalition
Mental Health Advisory/Local Alcohol and Drug Planning Committee
Patient and Family Advisory Council
PeaceHealth Health and Wellness Committee
Pediatric Advisory Group
Public Safety Coordinating Council - Adult Committee
Public Safety Coordinating Council - Youth Committee
Trillium Community Advisory Council
Trillium Rural Advisory Council
United Way Emerging Leaders
United Way Human Service Providers Forum

LANE COUNTY AND REEDSPORT COMMUNITY MEMBERS AND CONSUMERS

Glossary

10 ESSENTIAL PUBLIC HEALTH SERVICES
The 10 Essential Public Health Services, developed by representatives from federal agencies and national organizations, describe what public health seeks to accomplish and how it will carry out its basic responsibilities. The list of 10 services defines the practice of public health:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

ACCESS/ACCESS TO CARE
This is the extent to which a public health service is readily available to the community's individuals in need, including the capacity of the agency to provide service in a way that honors the social and cultural characteristics of the community. It also focuses on agency efforts to reduce barriers to service utilization. "Access to care" refers to access in a medical setting.

ACCOUNTABILITY
Accountability is an obligation or willingness to be assessed on the basis of appropriate measures of actions and outcomes with regard to the achievement of workgroup/program/organization or policy purposes.

ACTION CYCLE
During Phase Six, Action Cycle, the community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

BEHAVIORAL RISK FACTORS
Risk factors in this category include behaviors that are believed to cause, or to be contributing factors to most accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life.

CHRONIC DISEASES
These are diseases of long duration, generally slow progression, and can be multisymptomatic.

COMMUNITY
Broad community participation is vital to a successful MAPP process. Activities for each phase include specific consideration of ways to gain broader community member participation. This will ensure that the community's input is a driving factor. For this CHIP, 'community' refers to all those who live, learn, work, or play in Lane County, Oregon and Reedsport, Oregon.

COMMUNITY ASSETS
Contributions made by individuals, citizen associations, and local institutions that individually or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all its members.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)
A community health improvement plan is a three-year, systematic effort to address public health problems on the basis of the results of community health needs assessment activities and the community health improvement process.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
A Community Heath Assessment engages community members and local public health system partners to collect and analyze health-related data from many sources.

COMMUNITY MEMBER
This is anyone who works, learns, lives, or plays in Lane County, Oregon or Reedsport, Oregon.

CONSUMER
This is anyone who is the recipient of services or commodities.

DEMOGRAPHIC CHARACTERISTICS
Demographic characteristics of a jurisdiction include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and sub-populations are located, and the rate of change in population density over time, due to births, deaths, and migration patterns.

ENVIRONMENTAL HEALTH INDICATORS
The physical environment directly impacts health and quality of life. Clean air, water, and safely prepared food are essential to physical health.

EVIDENCE-BASED
Supported by the current peer-reviewed scientific literature.

FORMULATE GOALS AND STRATEGIES
In Phase Five, Formulate Goals and Strategies, goals that the community wants to achieve are identified that relate to the strategic issues. Strategies are then identified to be implemented.

FOUR MAPP ASSESSMENTS
During Phase Three, Four MAPP Assessments, qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.

GOALS
Goals are broad, long-term aims that define the desired result associated with identified strategic issues.

HEALTH
This is a dynamic state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.

HEALTH DISPARITY
Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by people who have historically made vulnerable by policies set by local, state, and Federal institutions. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), gender identity, or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

HEALTH EQUITY
Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

HEALTH INEQUITY
Health inequities are differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

HEALTH RISK
This is a condition of humans that can be represented in terms of measurable health status or quality-of-life indicators.

HEALTH STATUS
This is the current state of a given population using various indices, including morbidity, mortality, and available health resources.

IDENTIFY STRATEGIC ISSUES
In Phase Four, Identify Strategic Issues, the data are analyzed to uncover the underlying themes that need to be addressed in order for a community to achieve its vision.

INCIDENCE
This is the measure of the frequency with which new cases of illness, injury, or other health condition occur among a population during a specified period.

INDICATOR
This is a measure of health status or health outcome such as the number of people who contract a respiratory disease or the number of people who die from a particular chronic disease. Measures/data that describe community conditions (e.g., poverty rate, homelessness rate, number of food stamp recipients, life expectancy at birth, heart disease mortality rate) currently and over time.

INTERVENTION
An intervention is an action intended to improve a specific public health issue.

LOCAL PUBLIC HEALTH SYSTEM
This is the collection of public, private and voluntary entities, as well as individuals and informal associations, that contribute to the public's health within a jurisdiction.

OBJECTIVES
An objective is a measurable target that describes specific end results that a service or program is expected to accomplish within a given time period. Objectives are time-bound and quantifiable or verifiable. They are action-oriented and focus on results. They help you track progress toward achieving your goals and carrying out your mission.

STAKEHOLDER
A stakeholder is anybody who can affect or is affected by an organization, strategy or project. Stakeholders can be internal or external.

STEERING COMMITTEE
This is the group that gives the MAPP process direction. The Steering Committee serves in a similar function as a board of directors and is representative of the local public health system. For this CHIP, the Steering Committee is the 100% Health Community Coalition Executive Committee.

STRATEGIES
Strategies are patterns of action, decisions, and policies that guide a local public health system toward a vision or goal.

STRATEGIC PLANNING
Strategic planning is continuous and systematic process whereby an organization or coalition makes decisions about its future, develops the necessary procedures and operations to achieve that future, and determines how success is to be measured.

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)
This is a community-wide strategic planning process for improving public health.

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO)
NACCHO's vision is health, equity, and security for all people in their communities through public health policies and services. NACCHO's mission is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

OUTCOME
Outcome means a change, or lack of change, in the health of a defined population that is related to a public health intervention. A health status outcome is a change, or lack of change, in physical or mental status.

PERFORMANCE MEASURE
A performance measure is the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance.

PUBLIC HEALTH
This is the science and the art of preventing disease, prolonging life, and promoting physical health and mental health and efficiency through organized community efforts toward a sanitary environment; the control of community infections; the education of the individual in principles of personal hygiene; the organization of medical and nursing service for the early diagnosis and treatment of disease; and the development of the social machinery to ensure to every individual in the community a standard of living adequate for the maintenance of health.

QUALITY OF LIFE

While some dimensions of quality of life can be quantified using indicators that research has shown to be related to determinants of health and community wellbeing, other valid dimensions of quality of life include the perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. They include the social environment, physical environment, and health services.

SOCIOECONOMIC CHARACTERISTICS

Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

STAKEHOLDERS

All persons, agencies, and organizations with an investment or "stake" in the health of the community and the local public health system. This broad definition includes persons and organizations that benefit from and/or participate in the delivery of services that promote the public's health and overall wellbeing.

STRATEGIC ISSUE

Strategic issues are those fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision.

STRATEGIC PLAN

This is a plan resulting from a deliberate decision-making process that defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

VISIONING

During Phase Two, Visioning, those who work, learn, live, and play in the MAPP community (Lane County, Oregon) create a common understanding of what it would like to achieve. The community decides the vision, which is the focus of the MAPP process.