

Douglas County

Community Health Improvement Plan



Umpqua Health Alliance



2014

Executive Summary

The health of individuals and our community is a very large topic. Measuring health and effectively addressing health problems is complex. Improving the health of a community requires resources, efforts, innovation and community engagement. In order to tackle such a large undertaking, several community organizations came together in 2012 to collaborate on a single, collective community health assessment for Douglas County. The 2013 Douglas County Health Assessment (CHA) was released in the fall of 2013 and the next step, to create a Community Health Improvement Plan (CHIP) based on the CHA was launched in January 2014. The CHIP is a plan that seeks to make sense of the data and prioritize issues that community organizations feel are important to address. The 2014 CHIP represents the first time that the Douglas County community has had a Community Health Improvement Plan.

The sponsors of this CHIP are the local Coordinated Care Organization (CCO), Umpqua Health Alliance, and the local Health Department, Douglas County Public Health. The Douglas County CHA and the CHIP also meet requirements from the Oregon Health Authority and Public Health Accreditation.

The CHIP process began with review of data collected and highlighted in the 2013 Community Health Assessment. Both qualitative and quantitative data were reviewed. Five general focus areas were then identified as health priorities. They are: Access to Health Care, Addictions, Mental Health, Parents & Children and Healthy Lifestyles.

The next step involved the collection of extensive community input about possible strategies to address the health priority areas. Surveys and public meetings captured over 600 unique comments and survey data from almost 400 community participants, both community members and individuals that provide health and social services in Douglas County.

Strategies were then chosen from the community input and based on the Core Planning Principles and values of the Community Advisory Council (CAC), Umpqua Health Alliance and Douglas County Public Health. The document was then prepared and presented to both the Umpqua Health Alliance Board of Directors and the Douglas County Public Health leadership for approval. The CHIP includes strategies for enrollees and Members of the Umpqua Health Alliance and some strategies for the community at large. Progress on the CHIP will be reviewed annually.

What is a Community Health Improvement Plan?

A Community Health Improvement Plan (CHIP), is both a process and a document that outlines strategies to support improved health of individuals and the community. This CHIP outlines prioritized health issues and ways to address them locally. The process included input from community members and people that provide health and social services in Douglas County. It is based on the 2013 Douglas County Community Health Assessment.

Useful Acronyms

CCO	Coordinated Care Organization
CHIP	Community Health Improvement Plan
CHA	Community Health Assessment
CAC	Community Advisory Council

For a copy of the 2013 Douglas County Community Health Assessment and full copies of the 2014 Douglas County Community Health Improvement Plan, please contact Umpqua Health Alliance at: www.umpquahealthalliance.org or Douglas County Public Health at: www.co.douglas.or.us/health/PH/

Community Health Improvement Plan (CHIP)

2014 High Level Strategies Map

Access

Provider recruitment and retention

Increase understanding of new providers about UHA model of care

Transportation

Non-emergent medical transportation group to increase access and coordination

OHP Member Engagement

Expanded care clinic to improve coordination of care for Members with severe and persistent mental illness, develop strategies to enhance Member engagement for implementation in 2015

Addictions

Tobacco Free Policy Change

Advocate for increased number of tobacco-free environments in Douglas County

Tobacco Cessation

Explore expansion of tobacco cessation benefit for OHP Members

Prescription drug misuse/abuse

Provider training and support: prescribing utilization

Mental Health

Mental Health Services

Identify opportunities for CHIP strategies in 2015

Diversion

Explore opportunities to collaborate in the development of a local Mental Health Court

Parents & Children

Well Child Visits

Provide health related reading materials at well child visits to encourage parent to child reading

Early Learning Hub

Collaborate with Early Learning Hub to incentivize parents to complete voluntary child assessments and increase the number of at-risk children getting services

Adverse Childhood Events (ACEs)

Increase CAC and provider awareness of ACEs research

Healthy Lifestyles

Kick Start Douglas County

Sponsor and promote 100 Healthy Lifestyle events summer of 2014

Worksite Wellness

Support comprehensive worksite wellness initiatives addressing healthy food, physical activity and tobacco-free environments

Community Gardens & Farmers

Market Promotion

Identify opportunities for promotion to OHP Members

Core Planning Principles

- Based on 2013 Community Health Assessment
- Cost effective strategies that leverage local assets and resources
- Creates positive, measurable change in individuals and community
- Coordinated with efforts that are already successful in Douglas County
- Evidence-informed
- Population-specific strategies, addressing health disparities
- Meets Oregon Health Authority and Public Health Accreditation rules and mandates
- Strategies established on a 1-3 year time line



The purpose of the CHIP is to outline strategies and metrics that support improved health of individuals and the community.

2014 Community Health Improvement Plan

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Introduction, Process and Methods

The health of individuals and our community is a very large topic. Measuring health and effectively addressing health problems is complex. It begins by recognizing that health is beyond just the health care one receives and is influenced by many determinants of health such as health behaviors, environments that we live and work in, health care services, education and social supports around us. Improving the health of a community requires resources, efforts, collaboration, innovation and community engagement.

Douglas County consistently has higher rates of disease than other areas in the state while also having higher risk factors for a healthy community such as high tobacco use, high obesity and high poverty rates. Understanding the picture of health in a community is the first step in improving health. In order to tackle such a large undertaking, several community organizations came together in 2012 to collaborate on a single, collective community health assessment for Douglas County. The purpose of the 2013 Douglas County Health Assessment (CHA) was to provide a macro view of community health issues in the county. The document was released in the fall of 2013 and the next step, to create a Community Health Improvement Plan (CHIP), based on the CHA, was launched in January 2014. The CHIP is a plan that seeks to make sense of the data and prioritize issues that community organizations feel are important to address. The 2014 CHIP represents the first time that the Douglas County community has had a Community Health Improvement Plan.

CHIP Focus Areas

- Access to Health Care
- Addictions
- Mental Health
- Parents and Children
- Healthy Lifestyles

The sponsors of this CHIP are the local Coordinated Care Organization (CCO), Umpqua Health Alliance, and the local Health Department, Douglas County Public Health. The group of individuals from those two organizations that organized and led the CHIP process, with the assistance of a consultant, was the Community Advisory Council (CAC). The CAC will continue to review progress and evaluate additions to the CHIP over the next three years.

The CHIP process began with review of data collected and highlighted in the 2013 Community Health Assessment. Both qualitative and quantitative data was reviewed. The CAC identified five general focus areas, which were then identified as health priorities. They are: Access to Health Care, Addictions, Mental Health, Parents & Children and Healthy Lifestyles.

The next step in the CHIP involved the collection of extensive community input about possible strategies to address the health priority areas. Methods used to solicit feedback included public meetings, online and paper surveys. The public meetings utilized an audience response system that polled audiences for their ideas, allowing all participants an opportunity to provide their input anonymously. The surveys were written to account for easy reading and comprehension, resulting in a 97% completion rate and double the completed numbers of other past community surveys. The questions asked in the public meetings and the surveys were organized around the five health priority areas and the hope was to gather ideas and solutions from community members, providers of health and human services and organizations.

Significant outreach to recruit participants to the public meetings and take the surveys (both paper and online versions) was completed by members of the Community Advisory Council and staff from both sponsoring organizations. Significant media outreach also took place, including several radio spots, newspaper media and social media such as facebook and organization websites. Surveys were distributed county-wide and captured over 603 unique comments from almost 400 participants.

The Community Advisory Council established Core Planning Principles of their planning efforts prior to choosing specific strategies. The chosen strategies were informed by the survey and public meeting data, internal staff leadership and collaborative community organizations. The CHIP includes strategies that will ultimately benefit Members of the Umpqua Health Alliance and some strategies that will impact the community at large.

2014 CHIP Core Planning Principles

- Based on 2013 Community Health Assessment
- Cost effective strategies that leverage local assets and resources
- Creates positive, measurable change in individuals and community
- Coordinated with efforts that are already successful Douglas County
- Evidence-informed
- Population-specific strategies, addressing health disparities
- Meets Oregon Health Authority and Public Health Accreditation rules and mandates
- Strategies established on a 1-3 year time line

The document was prepared and presented to both the Umpqua Health Alliance Board of Directors and the Douglas County Public Health leadership for approval, to be submitted to the Oregon Health Authority in July of 2014. Progress on the CHIP will be reviewed semi-annually with additional strategies being evaluated and added annually.



Priority Health Issue: Access

Goal: To improve access to health care services

Access Defined

Access to care is a major concern in Douglas County and is one of the most frequently used words when discussing the health care system. Access often revolves around discussion of health insurance coverage, but it also includes other dimensions such as whether or not somebody can get to a health care provider when they need to or if there are health care providers available when you need one. The 2013 Community Health Assessment focus groups illustrated that access was complex and difficult in Douglas County. Concerns about affordability, availability of providers, including retaining current providers in the community, and accessibility such as transportation were consistently listed as primary concerns of residents in Douglas County.

“It takes an hour and half to get to Roseburg on public transportation—we need better medical transportation options, it needs to be more organized and have a back up driver in case a regular driver can’t do it.”

—2013 CHA Focus Group Participant

CHIP Priorities for 2014

The CAC recognizes that there are many dimensions to access and that not all can be tackled in one Community Health Improvement Plan. There are also many organizations already working on issues of access in the community, including extensive recruitment and retention efforts and programs to enroll uninsured individuals into insurance.

The CAC chose three high-level strategy areas to focus on in the first year of the CHIP. Progress of these strategies and objectives will be tracked and additional strategies will be evaluated to be added in 2015.



Access

2014 CHIP Strategies & Objectives

Goal: Improve access to health care services

High Level Strategy	Objective	When?	Status
Provider Recruitment and Retention	Provide tools and materials about UHA model of care to new providers, to recruit more providers to take Oregon Health Plan Members	2014	
Transportation	Convene non-emergent medical transportation (NEMT) group to increase access and coordination of transportation in Douglas County	2014	
OHP Member Engagement	Expanded care clinic to improve coordination of care for Members with severe and persistent mental illness, develop strategies to enhance Member engagement for implementation in 2015	2014	

Community Advisory Council training opportunities

Review data from NEMT group	2014-2015	
Report from staff on expanded care clinic	2014-2015	
Report from staff on current recruitment & retention efforts	2014-2015	

The final rows in the chart of CHIP Strategies and Objectives shown above outline opportunities to increase CAC members' knowledge about current community assets and gaps in the three high-level strategy areas. The core planning principles established for the CHIP include avoiding duplicate efforts, leveraging current community assets, and choosing strategies that are evidence-informed. Increasing CAC members' knowledge will help the CAC adhere to these core planning principles.

Priority Health Issue: Addictions

GOAL: Reduce the number of individuals addicted to tobacco, alcohol and other drugs

Addictions

Addictions to substances like tobacco, alcohol and prescription medications have grave consequences to individual and community health. Tobacco usage has remained high in Douglas County for many years, more than 1 in 4 adults in the county smoke cigarettes, considerably higher than the state average of 17%. Tobacco use is one of the strongest risk factors for developing chronic disease with smokers having significantly higher rates of asthma, diabetes and cardiovascular disease and increased risk of death. Furthermore, adults on Medicaid (such as OHP) are nearly twice as likely to smoke as Oregon adults in general (Burden of Tobacco Among Medicaid Clients in Oregon report).

“Tobacco—if we could just reduce it by even half we would have a tremendous impact.”

— 2013 CHA Focus Group Participant



Prescription drug overdose deaths are particularly high in Southern Oregon with the number of annual deaths attributed from opioid death on the rise (deaths from drugs such as codeine, oxycodone, morphine and methadone). The morbidity and mortality associated with inappropriate use of opiate drugs has a negative impact on the health of the county. Support and training for providers that prescribe medication to help their patients manage pain reduces morbidity and mortality.

CHIP Priorities for 2014

The Community Advisory Council (CAC) recognizes that there are many organizations already working on preventing and treating addictions for adults and youth in Douglas County. Connecting with current efforts, avoiding duplication of effort and expanding currently successful programs were high priorities for the CAC.

The CAC chose three high-level strategy areas to focus on in the first year of the CHIP. Progress of these strategies and objectives will be tracked and additional strategies will be evaluated to be added in 2015.

Addictions

2014 CHIP Strategies & Objectives

Goal: Reduce the number of individuals addicted to tobacco, alcohol and other drugs

High Level Strategy	Objective	When?	Status
Tobacco Free Environments	Advocate for increased number of tobacco-free environments in Douglas County	2014	
Tobacco Cessation	Explore expansion of tobacco cessation benefit for OHP Members	2014	
Prescription drug misuse/abuse	Provider training and support for prescribing utilization	2014	
Community Advisory Council training opportunities			
Current provider prescription drug/misuse program		2014-2015	
Presentation on current youth Alcohol, Tobacco and Other Drugs (ATOD) prevention programs in Douglas County, identify opportunities for future collaboration		2014-2015	

The final rows in the chart of CHIP Strategies and Objectives shown above outline opportunities to increase CAC members' knowledge about current community assets and gaps in the three high-level strategy areas. The core planning principles established for the CHIP include avoiding duplicate efforts, leveraging current community assets, and choosing strategies that are evidence-informed. Increasing CAC members' knowledge will help the CAC adhere to these core planning principles.

Priority Health Issue: Mental Health

GOAL: Increase integration of services for severe and persistently mentally ill

Mental Health

People living in Douglas County have higher rates of mental health challenges including depression and suicide. Overall health is highly correlated to mental well-being. Nearly 40% of residents in the county state that they don't have good mental health (Oregon Behavioral Risk Factor Surveillance System, 2006-2009). Services for addressing mental health are undergoing significant transition in 2014. New models of care for Oregon Health Plan Members are currently being explored throughout the state and locally.

CHIP Priorities for 2014

Due to the significant statewide shift in models of care for mental health services, the 2014 CHIP strategies in this priority health area will involve the collection of information and identification of opportunities for 2015. Mental health remains a top priority for the organizations sponsoring the CHIP and the Community Advisory Council (CAC). It is expected that many opportunities will surface after much of the transition is completed throughout 2014.

The CAC chose two high-level strategy areas to focus on in the first year of the CHIP. Progress of these strategies and objectives will be tracked and additional strategies will be evaluated to be added in 2015.

Mental Health

2014 CHIP Strategies & Objectives

Goal: Increase integration of services for severe and persistently mentally ill

High Level Strategy	Objective	When?	Status
Diversion	Explore opportunities to collaborate in the development of a local Mental Health Court	2014	
Mental Health Integration	Identify future opportunities for CHIP to support mental health integration in 2015	2014	
Community Advisory Council training opportunities			
Presentation/training on Mental Health Court model		2014-2015	

The final rows in the chart of CHIP Strategies and Objectives shown above outline opportunities to increase CAC members' knowledge about current community assets and gaps in the three high-level strategy areas. The core planning principles established for the CHIP include avoiding duplicate efforts, leveraging current community assets, and choosing strategies that are evidence-informed. Increasing CAC members' knowledge will help the CAC adhere to these core planning principles.

Priority Health Issue: Healthy Lifestyles

Goal: Increase access to physical activity and healthy food choices

Healthy Lifestyles

One-third of adults in Douglas County are overweight and an additional third are considered obese, exceeding the state average. The causes of obesity are a complex mixture of genetics, diet and other dynamics but physical activity and healthy food availability remains a vital part of reducing and preventing obesity. The costs of obesity-related chronic diseases such as diabetes and heart disease are significant to the individual and community. To slow obesity in Douglas County, emphasis on physical activity and availability and accessibility of healthy, fresh food is important.

CHIP Priorities for 2014

Encouraging residents of Douglas County to be more active in a fun and engaging way is a priority for the Community Advisory Council in the 2014 CHIP. Collaborating with other organizations such as the YMCA and Worksite Wellness efforts will help to stretch resources and increase engagement of community members in physical activity. Continuing to work with current groups on food insecurity, identifying and addressing food deserts and addressing these barriers to fresh food access for UHA Members, are all high priorities for the CAC.

The CAC chose three high-level strategy areas to focus on in the first year of the CHIP. Progress of these strategies and objectives will be tracked and additional strategies will be evaluated to be added in 2015.

Healthy Lifestyles 2014 CHIP Strategies & Objectives

High Level Strategy	Objective	When?	Status
Kick Start Douglas County	Sponsor and promote 100 healthy lifestyle events	2014	
Worksite Wellness	Support comprehensive worksite wellness initiatives addressing healthy food, physical activity and tobacco-free environments	2014	
Community gardens and farmers market promotion	Identify opportunities for promotion to UHA Members	2014	
Community Advisory Council training opportunities			
Presentation on current efforts to coordinate and expand local food availability (farmers markets and community gardens) in Douglas County		2014-2015	

The final rows in the chart of CHIP Strategies and Objectives shown above outline opportunities to increase CAC members' knowledge about current community assets and gaps in the three high-level strategy areas. The core planning principles established for the CHIP include avoiding duplicate efforts, leveraging current community assets, and choosing strategies that are evidence-informed. Increasing CAC members' knowledge will help the CAC adhere to these core planning principles.

Priority Health Issue: Parents & Children

Goal: Improve outcomes for children by investing early and addressing core risk factors for health

Parents & Children

Nurturing children before they enter school is highly correlated with higher learning outcomes, lower poverty and better health outcomes long term. Supporting families as the first teacher of their children and reaching high risk children for specific services is a core purpose of the Oregon Early Learning Hub.

"...Children who arrive at kindergarten ready to succeed are more likely to read at grade level in third grade, graduate high school on time and move on successfully in life." —Governor John Kitzhaber

Understanding how exposure to childhood emotional, physical or sexual abuse and trauma affects health risk behavior and disease in adulthood is vital to creating trauma informed services. A large body of research from the Centers of Disease Control and Kaiser Permanente consisting of over 17,000 patients provides substantial data about how childhood trauma affects adult health. Increasing knowledge about the Adverse Childhood Experiences Study (ACEs) will provide the basis for conversations about how to improve trauma informed services locally.

CHIP Priorities for 2014

The Community Advisory Council (CAC) recognizes that there are many organizations already working on early intervention, early investment and childhood and parent support programs. Connecting with current efforts, avoiding duplication of effort and expanding currently successful programs were high priorities for the CAC. Connecting with the local South-Central Oregon Early Learning HUB was a natural priority for the CAC. Increasing understanding about childhood trauma and how it affects health was also identified as a core priority and will aid in developing future strategies for improved services.

The CAC chose three high-level strategy areas to focus on in the first year of the CHIP. Progress of these strategies and objectives will be tracked and additional strategies will be evaluated to be added in 2015.



Parents & Children

2014 CHIP Strategies & Objectives

Goal: Improve outcomes for children by investing early & addressing core risk factors for health

High Level Strategy	Objective	When?	Status
Well child visits	Improve kindergarten readiness by promoting parent-child reading at well child visits	2014	
Early Learning Hub	Collaborate with Early Learning Hub to incentivize parents to complete voluntary child assessments and increase the number of at-risk children getting services	2014	
Adverse Childhood Events (ACEs)	Identify opportunities for promotion to UHA Members	2014	
Community Advisory Council training opportunities			
Training for CAC on ACEs research to identify future CHIP strategies		2014-2015	

The final rows in the chart of CHIP Strategies and Objectives shown above outline opportunities to increase CAC members' knowledge about current community assets and gaps in the three high-level strategy areas. The core planning principles established for the CHIP include avoiding duplicate efforts, leveraging current community assets, and choosing strategies that are evidence-informed. Increasing CAC members' knowledge will help the CAC adhere to these core planning principles.

Next Steps

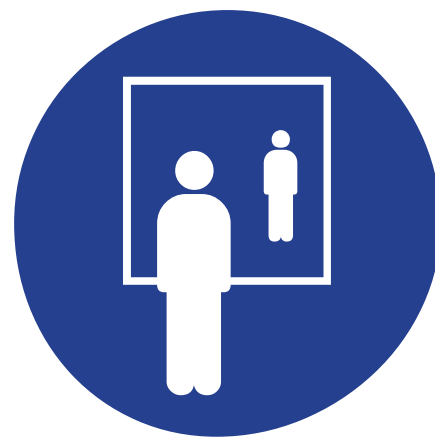
The 2013 Community Health Assessment and the 2014 Community Health Improvement Plan draws attention to many health challenges and many opportunities for change. The documents and processes are designed to compliment one another, not stand on their own. These efforts mark the first step in an ongoing process of community health assessment, planning and improvement. The process and the documents will remain dynamic and will be added to and changed over the next several years as community health and perceptions of health change. Engagement of the CAC will continue to be instrumental in the process, as will listening to community members' priorities and concerns.

*For hard copies of this CHIP or the Community Health Assessment, please contact:
Umpqua Health Alliance (541) 464-6291
www.umpquahealthalliance.org*

Please list the following as source when referring to data or content from either the Community Health Assessment (CHA) or Community Health Improvement Plan (CHIP):

"2013 Community Health Assessment Douglas County"

"2014 Community Health Improvement Plan for Douglas County"



Appendix

Survey Summary

Process and Methods

Several different methods were used to gather feedback from people that live in Douglas County. Methods used to solicit feedback included public meetings, online and paper surveys. The purpose of the survey and public meetings was to get ideas about how to improve health. Community members and providers of health and human services Douglas County were asked for input.

The public meetings utilized an audience response system that polled audiences for their ideas, allowing all participants an opportunity to provide their input anonymously. Respondents were asked to choose three strategies from a list and provide additional options in an open-ended question. The questions asked in the public meetings and the surveys were the same as the surveys. The public meetings also utilized a world café model where participants dialogued with other community members, eliciting many community-based ideas.

Surveys were available online, via surveymonkey and in paper/hard copy format. The surveys were written to account for easy reading and comprehension, resulting in a 97% completion rate and double the completed numbers of other past community surveys. The questions asked in the public meetings and the surveys were organized around the five health priority areas and the hope was to gather ideas and solutions from community members, providers of health and human services and organizations.

Significant outreach to recruit participants to the CHIP public meetings and take the surveys (both paper and online versions) was completed by members of the Community Advisory Council and staff from both sponsoring organizations. Significant media outreach also took place, including several radio spots, newspaper media and social media such as facebook and organization websites. Surveys were distributed countywide and captured over 603 unique comments from almost 400 participants.

Quantitative excel data and all qualitative comments from the community survey, provider surveys and community meetings were reviewed for themes. Data and themes were then presented to the CCO executive staff and CAC.

Summary Results & Themes

Douglas County CHIP Community Survey Stats

Total Participants Community Survey	326
Total Participants Provider Survey	23
Total ALL surveys	349
Total Participants Public Meetings	44
Total Comments from surveys and public meetings	603 unique comments
Completion rate	97%

Survey Themes

Healthy Lifestyles

- Community gardens and farmers markets access
- Walking clubs/fun physical activity events
- Worksite wellness efforts
- Guidelines governing food that children eat in school and amount of physical activity for kids
- Materials for health care providers on lifestyle change

Access

- Transportation
- Recruitment and retention of all health care providers
- School based health centers
- Services for the most at-risk groups

Addictions

- Tobacco cessation
- Opioid dependence, prescription drug use and misuse
- Youth prevention of alcohol, tobacco and other drugs

Parents and Children

- Early childhood programs, including home visiting programs
- Parenting skills and support
- Coordination of social services for kids
- After school programs
- Childhood trauma

Mental Health

- Training for providers including social services and law enforcement on mental health
- Transition and crisis services
- Improved coverage and services for mental health
- Mental Health Court

*Lists above are not ranked and are based on data from community survey, provider surveys and public meetings