

# 2022 Lane County Community Health Improvement Plan Progress Report

## BACKGROUND

[Live Healthy Lane](#) is a collective effort to improve the health and well-being of the Lane County community. Hundreds of community members and organizations representing public, private, and nonprofit groups help identify the community's most pressing health concerns through the [Community Health Assessment \(CHA\)](#) and develop a community-based plan for addressing them, the [Community Health Improvement Plan \(CHP\)](#). Organizing partners include United Way of Lane County, Lane County Public Health (LCPH), PeaceHealth Oregon Region, Trillium Community Health Plan (TCHP), and Lane Community Health Council (LCHC - governing body for PacificSource Community Solutions-Lane).

Live Healthy Lane's most recent CHA was conducted in 2018-2019. Across six assessments, community members shared four main themes:

- A large number of Lane County residents lack access to affordable housing, living wage jobs, healthy food, and quality childcare.
- There are significant differences in health outcomes and the conditions needed for good health based on race/ethnicity and geography.
- There is a concerning trend of worsening mental health among Lane County residents, especially youth.
- Changes are needed in the social and environmental conditions of Lane County in order to better support good health.

Information from the CHA, was shared with the community to develop priorities and strategies included in the 2021-2025 CHP (Figure 1). The CHP is meant to be a roadmap to guide the community in coordinating efforts and creating conditions that support good health for all people in Lane County.

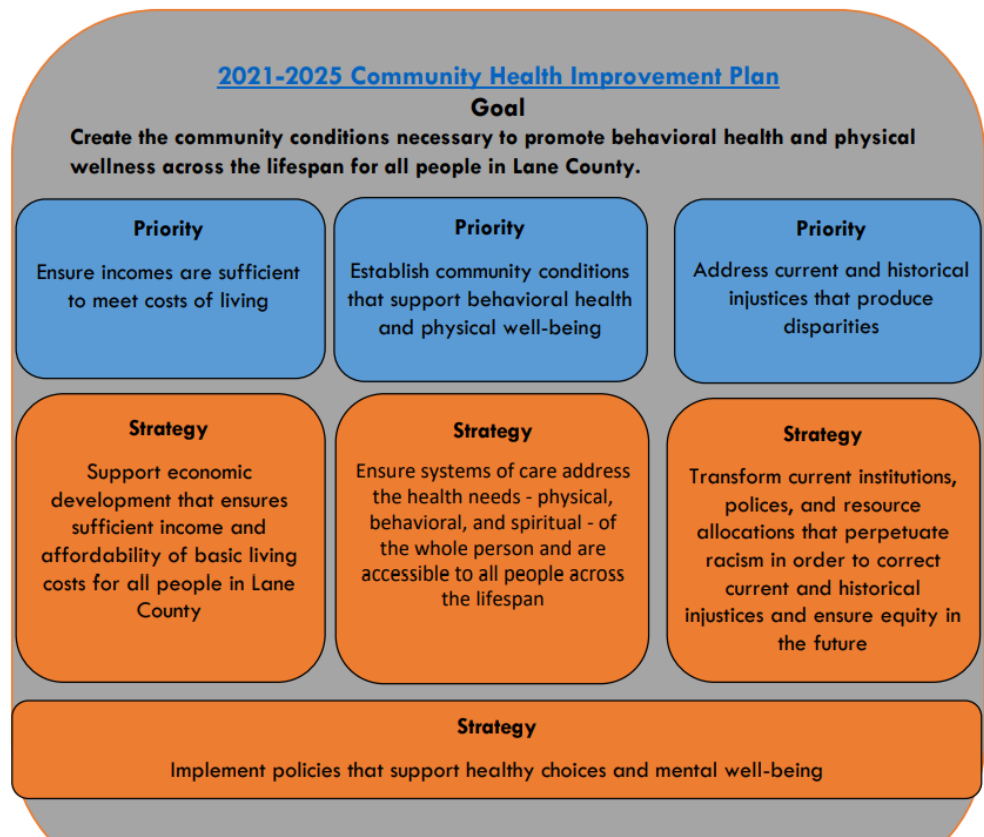


Figure 1. 2021-2025 CHP Goal, Priorities, and Strategies from the [plan language CHA/CHP Summary](#)

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## PARTNERSHIPS TO ADDRESS CHP PRIORITIES

Collective impact is a way for everyone in the community to work together to address complicated problems. Most of the issues identified in the CHA are complex and cannot be addressed by a single organization or group. By using a collective impact model, the CHP helps focus the efforts of many community partners and boost the impact of those efforts. Table 1 describes the role of the CCO and responsible partners.

*Table 1. Partnerships and Roles in Implementing CHP Priorities*

Partner(s)	Roles
Steering Committee & Core Team <i>Membership includes community members &amp; organizations responsible for implementing the CHA/CHP* as well as liaisons from the Community Advisory Council (CAC) and the Early Learning Alliance (ELA)</i>	Steering Committee guides the development and implementation of Lane County’s shared CHA/CHP Core Team provides tools and technical assistance to support Steering Committee efforts
Lane County Community	Informs community health priorities & helps develop a 5-year plan to address them
Lane County CAC <i>Majority Oregon Health Plan (OHP) Members representing both CCOs &amp; organizations serving OHP Members</i>	Oversees the CHA and adopts the CHP The CAC reviewed the 2022 Progress Report during their June 27 meeting
LCPH Prevention <i>CCO Health Promotion &amp; Prevention Staff (funded through CCOs)</i>	Convenes the Lane County CAC & implements the CCO funded Health Promotion & Prevention Plan
Evaluation & Data Tracking Team <i>Data analysts from both CCOs, LCPH, PeaceHealth, United Way, and community representatives</i>	Develops indicators to track progress on CHP priorities
100% Health Executive Committee <i>Healthcare leaders &amp; organizations responsible for implementing the CHA &amp; CHP*</i>	Provides monetary support for Live Healthy Lane backbone staff

\*Organizations responsible for implementing Lane County’s shared Community Health Assessment and Community Health Improvement Plan: United Way of Lane County, Lane County Public Health, PeaceHealth Oregon Region, Trillium Community Health Plan, and Lane Community Health Council (governing body for PacificSource Community Solutions-Lane).

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## CHANGES IN THE LANDSCAPE

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Since the CHP was finalized, the community health priorities and goals have not changed. The specific strategies to address these priorities continue to evolve and develop. Funding for new and continued projects through the LCHC's Community Benefit Initiative's dollars and CCO-funded prevention work directed by the Community Advisory Council (CAC) has been aligned with 2021-2025 CHP priorities.

## BUILDING THE INFRASTRUCTURE

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Lane County's first year of CHP implementation was largely dedicated to developing the infrastructure needed to successfully engage the community in implementing the identified health priorities. During the course of the year the following accomplishments were achieved:

- New recruitment cycle for Live Health Lane CHA/CHP Steering Committee using an equity framework.
- Lane County's CAC appointed an OHP representative from each CCO to serve as liaisons on the Steering Committee.
- Steering Committee recruited new members with subject matter expertise in the areas of housing and behavioral health, with specific experience from rural communities, faith-based communities, and communities living with disabilities.
- LCHC hired a 1.0 FTE staff member to support the development and implementation of the CHA and CHP.

## STRATEGIES TO ADDRESS COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIES

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The following sections showcase strategies supported by the CCO to address CHP priorities. Additional detail about the full CHA and CHP can be found on the [Live Healthy Lane website](#).

*CHP Priority 1: Ensure incomes are sufficient to meet basic costs of living (e.g., housing, childcare, food, transportation)*

### Financial Stability

The Lane Learning Collaborative was convened by the LCHC in 2021, to support housing education and counseling to expand pathways for low-income people to housing and financial stability, in recognition of financial stability as an indicator and protective factor for health and housing. In 2022, the collaborative received a \$75,000 Community Change Coalition Grant from United Way of Lane County to establish a formal coalition to work towards a shared vision of creating a system-wide network that promotes stable housing for families in Lane County.

*CHP Priority 2: Establish community conditions that support behavioral health and physical well-being*

### Community Information Exchange

Unite Us is a technology platform that allows a network of partners to work together to address social needs and improve health across communities. The Connect Oregon network allows health and social

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care providers to provide closed loop referrals to services for their clients. In 2020, PacificSource Community Solutions - Lane (PCS-Lane) launched the Connect Oregon network in Lane County. The highest needs for referrals through the platform are housing/shelter and food assistance, two areas well aligned with CHP priorities. As more programs come onto the platform the focus is expanding to include monitoring network activity and identifying challenges and barriers to utilization of the platform in order to work towards solutions. In 2022, TCHP, the other CCO serving Lane County, will launch participation in Connect Oregon to achieve greater alignment with the local community.

### Behavioral Health Support

LCHC funded seven youth-serving organizations to increase capacity to serve school-aged youth suffering from early depression and anxiety in Lane County through innovative approaches. Priority was given to programs that were evidence-informed or evidence-based, culturally and linguistically appropriate, and service delivery models meeting youth and families where they are most likely to engage. The investments aimed to improve outcomes for these youth by developing, maintaining, or enhancing behavioral health promotion, prevention, early intervention, and treatment. Funds were also provided to Camp Noah, a special day camp the McKenzie Valley Long Term Recovery Group offered for children whose communities were impacted by wildfire in Blue River and Walterville in August, 2021.

The Lane County CAC's Rural Advisory Committee recommended expanding the Mobile Crisis Response pilot currently operating in West Lane County into the South Lane region. Mobile crisis services help individuals resolve psychiatric crises or emergencies in the most integrated setting possible, helping to avoid unnecessary involvement with law enforcement, the emergency room, and hospitalization. In partnership with the local Be Your Best coalition, two community conversations were held to inform the development of the project with one session for local partners serving the Latinx and Mayan communities. A request for proposals was issued by Lane County in April 2022, with funding support provided by LCHC and TCHP. Identification of a provider is currently under development.

Sources of Strength, an evidence-based suicide prevention program for schools, trains peer leaders and caring adults to affect their community using hope and strength, and building on protective factors. Nine high schools in the Bethel, Springfield, Eugene 4J, and Siuslaw school districts are currently implementing the program. An additional seven high schools in the 4J, Oakridge, Fern Ridge, Creswell, and McKenzie school districts have been recruited and will begin implementation in the 2022-2023 school year. Planning is underway for additional trainings in summer of 2022.

Positive Behavior Interventions & Supports (PBIS) is a framework to improve and integrate the data, systems, and practices affecting student outcomes to create positive school environments. PBIS supports academic, social, emotional, and behavioral competence of all students, with differentiated levels of support available. All Lane County schools were invited to participate in a new cohort beginning in 2021. Monthly virtual workshops provided knowledge and skills to coordinate mental health prevention and response within districts. The Northwest PBIS Network offered one-on-one coaching to help districts and schools better collaborate and align to make sure all kids and staff have access to the support they need.

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Based on an increasing need for mental health support among youth, LCPH staff conducted a focus group to learn from high school students about how youth view mental health and wellness, stigma around mental health in the school environment, and what is needed to improve support and resources for youth mental health. Findings from the focus group are available in the [summary report](#). Additional listening sessions are anticipated in the future.

### Health Care Workforce

The Justice, Equity, Diversity and Inclusion (JEDI) workgroup of the Behavioral Health Advisory Systems Committee (BHASC), identified training and workforce diversity as priorities in behavioral health. Working as liaisons to the JEDI, the Lane CCOs jointly engaged in community conversations regarding enhancing local culturally and linguistically appropriate behavioral health service delivery through Traditional Health Workers (THWs). The JEDI explored existing education programming, workforce pipelines, and upcoming grant opportunities to inform focus on behavioral health workforce with educational systems in the county. Coordination with the Lane CCO's THW Liaisons to provide education about THWs, led to a focus on enhancing the Youth Peer Support Specialist (YPSS) workforce.

LCHC convened community partners to coordinate an application for Oregon Health Authority's (OHA) Healthy Oregon Workforce Training Opportunity (HOWTO) Grant, which expands local health professional training to address current and future shortages in the healthcare workforce in rural and medically underserved areas of Oregon. Lane Community College submitted the grant on behalf of community partners, and was awarded \$1 million to focus on three workforce categories in high demand and extremely short supply locally: Medical Assistants (MA), Community Health Workers (CHW), and Peer Support Specialists (PSS). This will support the expansion and development of programs, including bilingual/bicultural Latinx Community Health Workers.

### Parenting and Family Support

The Triple P: Positive Parenting Program is a multi-level parenting support program, offering online and in-person discussion groups to Lane County families with children age 2-12. Thanks to additional funding from the Early Learning Alliance, the program is now available for all Lane County households at no cost. This has allowed broader marketing of the program with strategies such as bus and billboard campaigns resulting in increased program enrollment. Participants report satisfaction with the program, improved parenting behavior, and positive impacts on their children. Additionally, several community-based organizations also provide evidence-based parenting education programs across Lane County through discussion groups and classes.

Family Check-Up addresses challenges of parenting before they lead to problem behaviors, reducing risk factors that contribute to adverse childhood experiences. The program is available to families in Lane County with kids age 2-17. The program is now available remotely and fully HIPAA-compliant, allowing greater participation for families in rural communities.

### Substance Use and Tobacco Prevention and Cessation

The Quit Tobacco in Pregnancy (QTIP) Program provides incentives to pregnant people to help them quit smoking during pregnancy and postpartum, and for participating in cessation activities such as

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meeting with a Tobacco Treatment Specialist or utilizing the Oregon Quit Line. The program was able to successfully continue operating during COVID-19 using an online format. There is an increasing trend in participants receiving all available incentives for abstaining from tobacco use, indicating that more participants are able to stay quit during the prenatal program. The historical involvement of the CAC in development and oversight of QTIP will be featured in a series of web trainings developed by the Centers for Medicare and Medicaid Services.

In recognition of the continued importance of improving tobacco cessation practices across the healthcare system, LCPH offers Tobacco Treatment Specialist training to Lane County's mental health, healthcare, and dental providers paneled with the CCOs. In the last year, three trainings were offered, engaging 37 providers.

### Youth Health Promotion

Coordinated Approach to Child Health (CATCH) promotes healthy nutrition and physical activity opportunities among school-aged children through an evidence-based program. Since 2015, CATCH has been implemented in 22 elementary schools in Lane County with positive outcomes for students at participating schools. With in-person instruction resuming, LCPH reached out to schools to renew programming, and offer technical assistance and booster trainings. In 2022, one additional elementary school in Springfield hosted training and is now implementing CATCH.

Nutrition and Physical Activity Self-Assessment for Child Care (NAP-SACC) offers training and technical assistance to child care providers to improve policies, practices, and environmental influences on nutrition and physical activity behaviors in young children. In the last year, Lane Community College Quality Care Connections (LCC QCC) worked with 17 childcare providers impacting 220 children. Starting this year LCC QCC has also partnered with Head Start of Lane County on the Early Childhood CATCH program, which includes Spanish-language teaching models and materials that can be used with Spanish-speaking providers engaged in the NAP-SACC program.

The State of Oregon, Lane County, school districts, local community agencies, and CCOs rely on the information gathered through the Student Health Survey to accurately assess youth needs, develop comprehensive plans, create prevention programs, and measure outcomes. This data is also tremendously useful in developing Lane County's shared CHP. LCPH provides financial incentives to all Lane County middle and high schools to offset the time and cost of administering the survey with the goal of improving data collection. Typically information is reported out at a County level, but Memorandums of Understanding, with a \$1,000 honorarium have facilitated sharing district-level survey data with LCPH.

Upstream Public Health has begun both a community needs assessment and establishing a coalition of partners to develop a community-wide plan to address sugary drink consumption. The agency will host community listening sessions in the Eugene-Springfield metro area, Florence, Cottage Grove, as well as a Spanish-language group.

### Sexually Transmitted Infections Prevention

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Recent trends in local data show a rise in sexually transmitted infections (STIs) among young people. LCPH staff are conducting a community-wide asset map of sexual health resources for youth, seeking to gather information from schools, pediatricians, and other community partners about current sexual health education and STI prevention needs, perceptions, and opportunities for prevention work. Once completed, a summary report including recommended next steps will be presented to the CAC Prevention workgroup for consideration.

*CHP Priority 3: Address current and historical injustices that produce disparities*

### Rural Outreach

The Lane Equity Coalition's exploration of health equity and disparities in access led to the formation of a pilot to support rural communities in building capacity to address health disparities related to race, geography, and income in Lane County. Based on existing health equity data and community relationships, two pilot communities were selected for this effort: South Lane (including Cottage Grove, Dorena, and Creswell) and the Siuslaw Upriver Region (communities of Mapleton, Deadwood, and Swisshome). United Way of Lane County was awarded a \$20,000 grant from Oregon Community Foundation to support reimbursement for community member engagement, community forums, marketing materials, digital editing and IT materials. To date, eight community facilitators from pilot communities have been trained to lead community interviews, and one community forum was held in the Siuslaw Upriver region.

### Regional Health Equity Coalition

The OHA's Regional Health Equity Coalition (RHEC) program provides funding to support community-driven efforts in "...addressing systemic racism and health inequities among communities of color to lessen the barriers to health and wellness at the policy, system, and environment change level." Transponder and HIV Alliance were the lead applicants on a response to a funding announcement from OHA to establish a local RHEC. PSC-Lane and LCHC submitted letters of support for the RHEC application, alongside 25 community partners. PSC-Lane and LCHC have allocated staff time to participate in and support the work during the application process, and through ongoing work.

### CAC Health Equity Committee

In 2022, the CAC formed a Health Equity Committee (HEC) to ensure that CCO efforts to address consumer and community health needs are conducted with a focus on health equity. HEC roles and responsibilities include developing strategies for authentic engagement with communities experiencing health inequities; providing feedback on how to collect, analyze, and share community health data in accessible and culturally appropriate formats; and providing input on the CHA and CHP, PCS-Lane Health Equity Plan, and PCS-Lane's Transformation & Quality Strategies.

## **MEASURING PROGRESS**

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Live Healthy Lane's Evaluation and Data Tracking Team (EDTT) developed indicators (or measures) to track progress on the CHP priorities. The group used a Results-based Accountability Framework with an equity lens to identify potential indicators for each of the CHP priorities, then developed inclusion criteria to select indicators for each priority area.

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The following is the list of inclusion criteria:

- Data are available disaggregated into sub-county populations (e.g., by race/ethnicity, zip code).
- The same data have been collected repeatedly over time and can reasonably be expected to be available for the duration of the current CHP and beyond.
- Data have been collected in the past 3-4 years.
- Data measure what we need to measure.
- Data are aligned with state and/or national data sets.
- Data are robust in their responsiveness to change but are not overly volatile.

A draft dashboard was shared with the Live Healthy Lane CHA/CHP Steering Committee, the Lane Equity Coalition (part of previous CHP infrastructure), and the 100% Health Executive Committee. Feedback was reviewed and incorporated into the final dashboard. The final dashboard was translated into Spanish and both are now available on the [Live Healthy Lane website](#). Data currently included in the dashboard will be considered baseline data that future data updates will be compared against. EDTT will regularly review the data and update once per year, or as the included data sets are available, which may be less often. Indicator and baseline measures for each CHP priority are available at the following links:

- [CHP Priority 1: Ensure incomes are sufficient to meet basic costs of living \(i.e., housing, childcare, food, transportation, etc.\)](#)
- [CHP Priority 2: Establish community conditions that support behavioral health and physical well-being](#)
- [CHP Priority 3: Address current and historical injustices that produce disparities](#)

Data from the following sources were used in the dashboard: Housing and Urban Development, American Community Survey, MIT Living Wage Calculator, Oregon Behavioral Risk Factor Surveillance System, Oregon Healthy Teens Survey, Oregon Department of Education, Oregon Center for Health Statistics, and Mind the Meal Gap. Each data source includes the year the information is from.

## **PATHWAYS FOR COMMUNITY COLLABORATION**

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In the first year of implementation, the organizations responsible for implementing Lane County's shared CHP engaged with hundreds of community partners to leverage opportunities to advance CHP priorities. Intentional efforts were made to deepen engagement with:

- Regional Health Equity Coalition organizing partners from Lane and Douglas counties.
- Schools, Systems of Care Partners, and other partners serving children and adolescents.
- Communities impacted by health disparities, including those impacted by race, geography, income, and gender identity.

Continuing to develop and foster sustainable pathways for community engagement and collaboration will be vital to our community's success in achieving our collective goal to create the community conditions necessary to promote behavioral health and physical wellness across the lifespan for all people in Lane County.