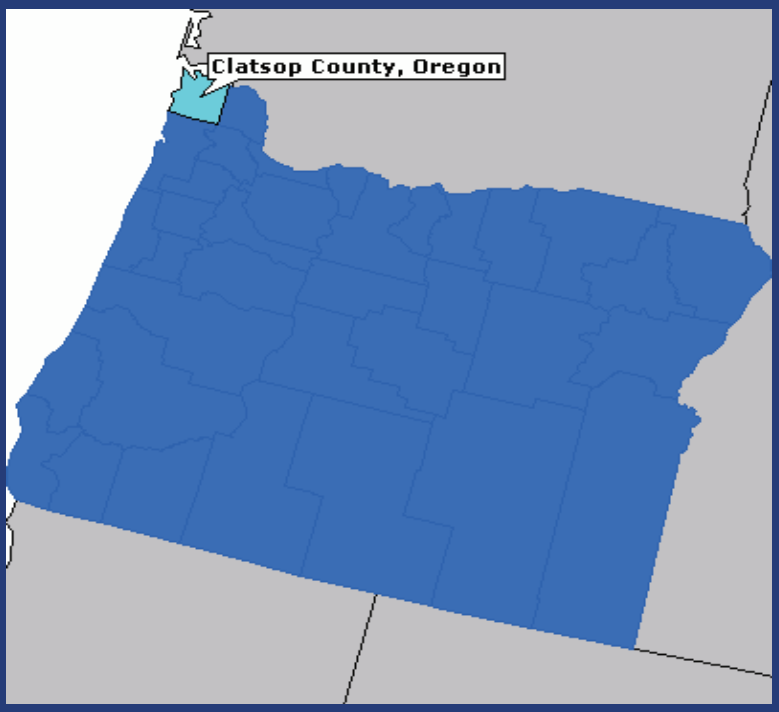
Clatsop County

Community Health Improvement Plan

November

2013



Building a Healthier Clatsop County

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Clatsop County would like to thank the following people and organizations for participating in the planning process that led to the community health priorities outlined in this report: or

An asterisk denotes the members of the Community Health Improvement Plan Advisory Committee. Their time, dedication and efforts are greatly appreciated.

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Community Health Advocacy and Resource Team of Clatsop County (CHART)

Executive Summary

The Clatsop County Community Health Improvement Plan (CHIP) is the product of a collaborative effort among the public, stakeholders and key leaders in public health and outlines strategies for the community to work together to improve the health of the county. The CHIP is a community roadmap and decision-making tool, that in conjunction with the county's Public Health Agency Strategic Plan and Community Health Assessment, are developed as a requirement for national accreditation following the suggested Public Health Advisory Board format.

The national trend toward recognizing public health as directly linked with social issues, economic issues, educational issues, and behavioral and lifestyle choices enables Clatsop County Public Health and community partners to promote a unified vision of community well-being.

The CHIP identifies four priority objectives, in no particular order, for improving health and quality of life in Clatsop County within the next five years:

Priority Area A: Access to Health Services

Priority Area B: Healthy Lifestyle Choices

Priority Area C: Reducing Chronic Conditions

Priority Area D: Collaboration

The following document outlines the strategies that community organizations and stakeholders are working on together in order to improve the health of residents in Clatsop County.

This plan was created for the use of all community members. We hope that in reading this plan, you find that your work, passion and expertise intersect. For more information on how to be involved with the Clatsop County Community Health Improvement Plan, please contact Clatsop County Public Health at http://www.co.clatsop.or.us/contact/index.aspx.

Vision

A county whose residents are informed and empowered to seek healthy lifestyle options to ensure an optimal quality of life.

Values

- *Efficiency through integration and coordination across entire Public Health System*
- *Inclusivity through engaging the community in making decisions that affect their health*
- *Informed leadership through decision-making based on evidence and data*
- *Stewardship through a focus on affecting positive change*
- *Strength through honoring human diversity and assuring cultural competency*

Introduction

Purpose

One of the aims in line with the Clatsop County Strategic Plan 2012, is Public Health Accreditation. Accreditation drives public health departments to continuously improve the quality of the services they deliver to the community by promoting and protecting the health of the public and by advancing the quality and performance of *all* public health departments. Accreditation of the Clatsop County Health Department is required by 2015. By establishing specific programs and projects, a focus on future funding and staff resources to resolve health problems in the County will ensue. The Public Health Accreditation Board promotes a national system for ensuring accountability and quality, by enabling public health departments to measure their performance, get recognition for their accomplishments and demonstrate accountability within their communities.

Public health departments play a critical, but often unrecognized role in promoting and preserving the health of people. With increasing challenges from epidemics, disaster preparedness, and chronic disease related to obesity and tobacco use, it is more important than ever that systems are in place to ensure their effectiveness and quality of services. The CHIP, among other required documents, pledges that Clatsop County is prepared for this next step in our country's future in public health.

A core belief of a community health improvement plan is that communities have the ability to improve the health of their own residents. The plan is a tool to guide communities through their action steps in order to address priorities that have been defined through the community health profile and eventual community input via surveys and forums.

The purpose of the Clatsop County CHIP is not to create more work for partners, but to align and leverage the efforts of multiple organizations to move toward improved health for the residents of Clatsop County in organized and intentional manner and to welcome all community members to be a part of this endeavor.

The CHIP is a result of a community effort to address health concerns in a strategic way that aligns resources and energy to make a measurable impact on health issues in Clatsop County. With many identified assets, resources and flourishing partnerships in Clatsop County, the CHIP is a framework towards community health goals.

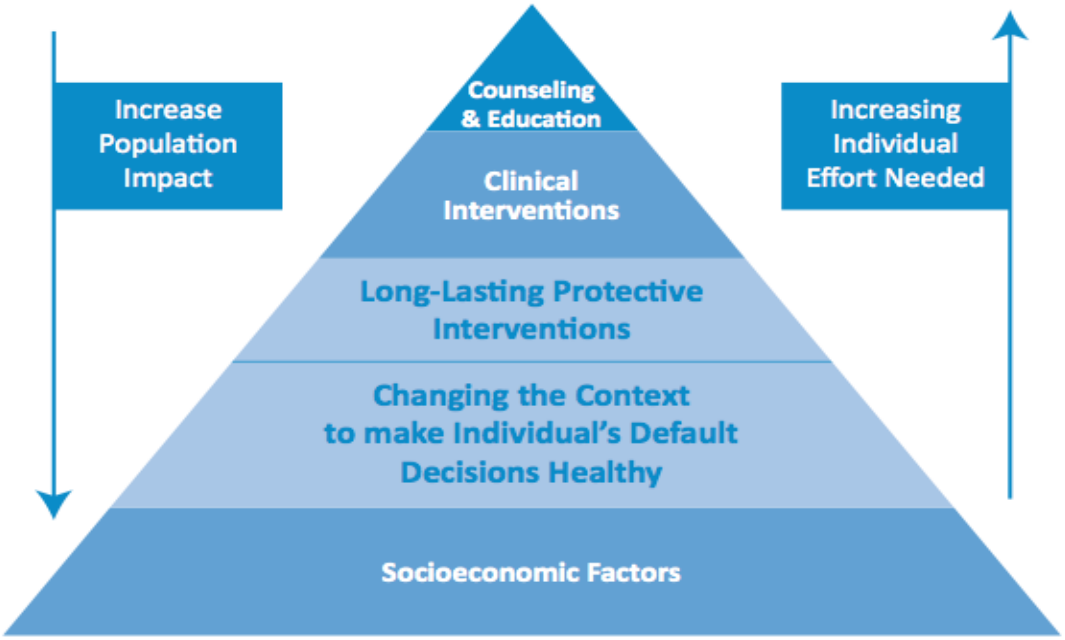
Public Health Framework

10 Essential Public Health Services

The following Ten Essential Public Health Services and the Health Impact Pyramid from the U.S. Centers for Disease Control and Prevention provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

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 and action 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 competent public 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.

The Health Impact Pyramid



Who we are

Clatsop County, population 37,039 (2010 U.S. Census) and total area of 1,085 square miles, is located in the northwest corner of Oregon, bordered by the Pacific Ocean and the Columbia River. There are five incorporated cities within the county (Astoria, Cannon Beach, Gearhart, Seaside, and Warrenton).

The relatively small size of the County makes it easy to navigate and ripe with opportunity for partnerships in support of public health. Clatsop County is one of nine home-rule charter counties in Oregon, that allow local citizens to craft their own laws rather than relying on state statutes. Therefore, local governance is granted to our citizens. There are five Board of County Commissioners that establish policies and set the vision of the county. The commissioners comprise the Board of Public Health.

Health disparities exist among population groups based upon race, socioeconomic status, education, ethnicity, geographic location, and other population characteristics. Health disparities in Clatsop County are similar to those in other rural Oregon counties. Rural communities, as compared to urban, often have higher rates of tobacco use, poor nutrition, physical inactivity and, as a consequence, higher rates of chronic disease and preventable death.[1,2]

The population of Clatsop County also differs in important ways from the state of Oregon. Oregon Vital Statistics data from 2009 show that the birth rate in Clatsop County (10.5 /1000) is lower than the rate for all of Oregon (12.3/1000), a finding that has held for the past decade. Thus, Clatsop County has smaller proportions of its population under the ages of 5 and 18, and a greater proportion over 65 years. This demography has important implications for services and county resources. As the population ages, the demand for healthcare services and social services related to aging will rise, along with chronic health conditions and the need to manage them.

Work towards a framework for a healthier Clatsop County is a continuous process with the first phase of the Community Health Assessment (CHA), the community health profile, completed in July 2013. The Clatsop County community health profile is a comprehensive compilation of information that reflects the health and well-being of the community.

[1]U.S. Department of Health and Human Services (2000) *Reducing Tobacco Use: A Report of the Surgeon General.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

[2]OHSU Office of Rural Health

The community health profile builds upon and supplements, several previous assessments conducted in Clatsop County:

- 2008 Children's Health Insurance Program
- 2009 Healthy Communities Assessment
- 2010-11 CHANGE Tool Assessment
- 2011 Community Health Assessments per Providence Seaside Hospital and Columbia Memorial Hospital
- National and State of Oregon data.

Clatsop County data used in the CHIP is pulled from the community health profile found in the 2013 Community Heath Assessment.

The second phase of the CHA is the community health needs assessment, which at the time of writing this report is being conducted and led by Clatsop County partner, Columbia Pacific Coordinated Care Organization (CCO).

Clatsop County residents have opportunities to help identify assets and needs through a community health needs survey. Members of the Community Advisory Council of Columbia Pacific CCO are conducting the surveys electronically and by paper to ensure a large number of residents are represented. The community health needs survey asks six key health needs questions and six demographic questions. Along with the community health needs survey, Columbia Pacific CCO will be administering three community listening forums.

Resultant data from the key health needs questions of the survey are strictly that of Clatsop County residents' perception of health. As the survey is in it's preliminary stages, the CHIP plan presented will not be utilizing this data at this time. As the CHIP is a living and cyclic document, we anticipate incorporating the community health assessment survey and forum data upon it's completion.

An integral partner in the CHIP Planning process is the Community Health Advocacy Resource Team (CHART). This team of dedicated volunteers consists of representatives from a variety of sectors and groups, including populations experiencing health inequities, public health officials, and community partners (*see Appendix A for CHART roster*).

Clatsop County has experienced a disconnect in information and communication between the different organizations where agencies were providing duplicative services, were not collaborating, or were not informed about other health programs and initiatives. This disconnect was what led to the goal of community leaders working to improve the health of the county from a more comprehensive perspective. Thus, leaders from all sectors of the community, from public health to transportation, housing, parks and recreation, food systems, senior programs, etc., banded together to form CHART with the primary vision of having healthier outcomes for Clatsop County. CHART meets every second Monday of the month to discuss priority issues. Three members of the CHART team stepped forward to

create the CHIP Advisory Committee that led discussions, prioritized efforts and developed strategies for the CHIP.

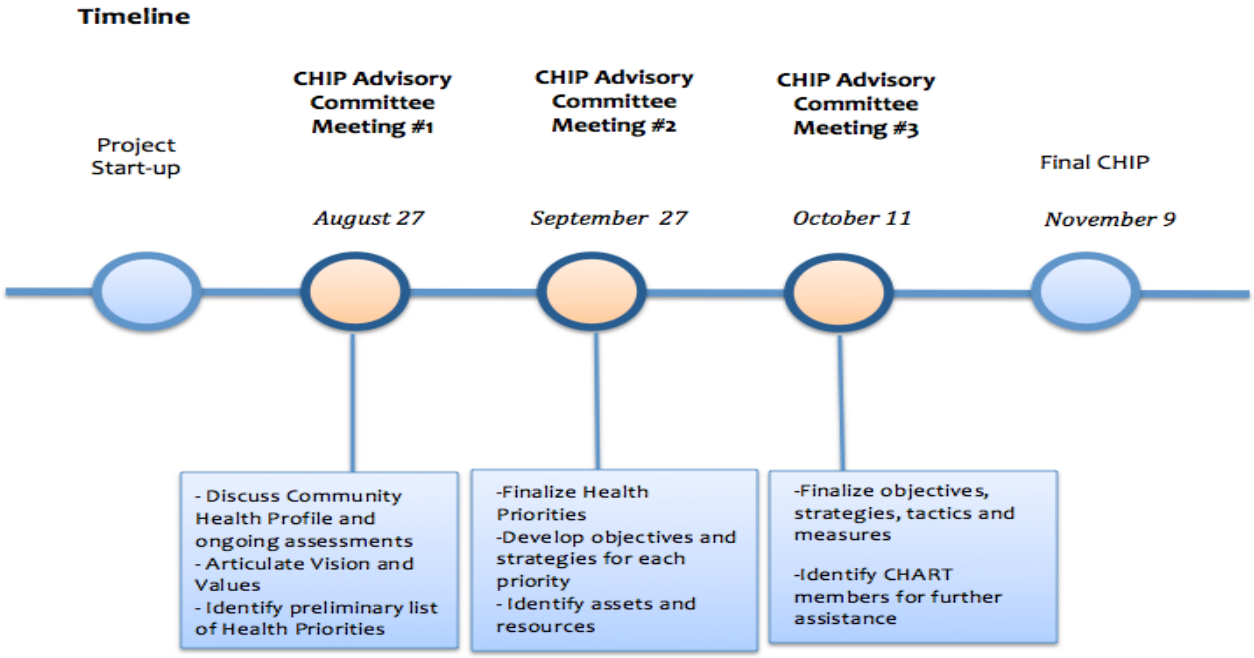
Members of CHART may change but the vision and mission remain the same: to ensure collaboration with the community to impact policy, systems, and environmental change to raise the overall health of Clatsop County residents. This in turn will help them become informed and empowered to seek healthy lifestyle options, and to ensure an optimal quality of life.

While the Clatsop County CHIP provides a blueprint for action, it does not provide the detailed guidance needed to implement the strategies "on the ground." It will take broad community involvement and the commitment of leaders across all sectors of our community to gain measureable progress toward achieving the goals contained in this plan. The goals, objectives, and strategies in this plan are not reflective of all necessary avenues to achieve optimal health in our community, but are based upon state and national recommendations, identified community health challenges, community assets and efforts that are currently underway to improve the health of our community.

The Planning Process

A community-driven health improvement framework called Mobilizing Action through Planning and Partnership (MAPP) was used to guide Clatsop County's health improvement process. The MAPP process began in August of 2011 and took approximately 24 months to complete. The process was guided by a steering committee made up of community members and representatives of human service organizations. The goal of this planning project was to engage community stakeholders in a process that would increase awareness about the issues affecting the health of the community, as well as identify strategic priorities and new ways of working together.

The CHIP process is an ambitious and bold effort at community engagement for a common good. No single organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level. The CHIP process is based on the idea that through collaboration and synergy, two plus two will equal a great deal more than four. Another important feature of CHIP is that the plan arises out of the community, which creates a greater investment in its implementation. Clatsop County Public Health (CCPH) contracted with the Rede Group, a local public health policy and strategy firm, in September 2013 to facilitate the development of the CHIP. The process involved CCPH staff, key community partners/stakeholders, the Community Health Advocacy Resource Team (CHART) and Columbia Pacific CCO.



Through a three-month facilitation process, beginning in August 2013, the Rede Group and CHIP Advisory Committee focused on issues that will have potential to positively affect the greatest number of people in Clatsop County within the next five years. With community partnerships, these priority areas are where positive change can happen.

The CHIP planning discussions were based on data and trends gathered from the 2013 Community Health Assessment and observations of the CHIP Advisory Committee. The committee was comprised of three CHART members. Three facilitated in-person meetings took place on August 27th, September 27th, and October 11th, 2013, with numerous phone and teleconference meetings taking place between those dates. Discussions regarding the Community Health Assessment, the CCPH Agency Strategic Plan, and the future community health needs assessments were vital in identifying a list of priority areas and values during the first meeting. These priorities were chosen based on which accomplishments would offer the greatest potential improvements in the lifelong health of the community residents and how best to enable access to conditions in which people can be healthy. Further, most of the priorities are reflective of Healthy Oregon 2012 Version 1.0 and, as such, help move the state's health agenda forward.

The CHIP Advisory Committee presented the list of priority areas and values to the CHART during their September meeting. The CHART was the core support team representing the community to identify and prioritize issues. CHART members voted on priority areas. The group discussed the order of rankings and deliberated together in order to recommend health priorities based on need, strategic priority and available resources.

The CHART input was summarized and shared by the CHIP Advisory Committee at the second in-person CHIP planning meeting. The CHIP Advisory Committee then recommended adopting the four primary priority areas: 1) *Access to Healthcare,* 2) *Healthy Life Style Choices, 3) Reducing Chronic Conditions* and 4) *Collaboration*. These narrowed priority areas were presented to the entire CHART on November 5, 2013. The facilitation and planning process led to the development of strategic issues, goals, objectives and strategies for each area. Other CHART members, apart from the CHIP Advisory Committee, stepped forward to develop objectives and strategies for goals within priority areas.

Steven Blakesley, a CHIP Advisory Committee member, presented the CHIP Priority Areas and Goals to the Board of County Commissioners, which also serves as the statutory Board of Health, at a public board meeting on October 23, 2013 (*see Appendix B for the PowerPoint presentation*). The board was very interested and appreciative of the work. (*see Appendix C for newspaper article).* Since health needs are constantly emerging, the cyclical nature of the MAPP process allows for the periodic identification of new priorities and the realignment of activities and resources to address them in the CHIP.

The next step in the process is a five-year action cycle during which the strategies deemed most promising will be implemented. Though some "owners" have been identified to fulfill the strategy tactics, we understand that this is an evolving plan. In order to sustain and reach proposed goals, we encourage other community members to step forward.

Priority Area A

Access to Healthcare Services

Goal A1: Increase the number of residents with health insurance.
Goal A2: Decrease barriers to access to healthcare.
Goal A3: Decrease the gaps in access and availability of mental health and behavioral health services

The relatively small size of Clatsop County enables a close-knit environment where many community members and organizations find working together relatively easy and responsive. This positive atmosphere and high number of healthcare resources make the goals of this plan achievable. However, research has found that rural communities like Clatsop County face many obstacles to health, including inadequate access, such as limited public transportation and other amenities that increase the opportunity for people to be healthy.

The availability of health insurance, whether through private or public sources, is associated with increased access to both primary and specialty care. In Clatsop County, 21 % of adults under the age of 65 years old are uninsured. The proportion of residents reporting that they could not see a physician due to cost was also similar for Clatsop County (13.6%) and the state (14.0%).

Of further concern regarding access to healthcare services is the small proportion of healthcare providers in Clatsop County. Clatsop County has fewer physicians (1.5 versus 2.5 per 1,000) and mental health providers (1.3 versus 4.2 per 10,000) compared to Oregon as a whole, but have an equivalent number of dentists per person. Most healthcare providers are in major population centers on the coast; for rural residents, the location of services and low clinician numbers certainly translates into reduced access to care.

Another barrier to healthcare is language. The Spanish-speaking population of Clatsop County has been growing in recent years, and is now the largest minority population(7.8%). Though there have been community efforts to reach out to the Latino community of Clatsop County, the medical community has responded to this new demographic slowly with few primary care and mental health providers who speak Spanish.

Priority Area A: Access to Health Services

Goal A1: Increase the number of residents with health insurance.

OBJECTIVE A1.1
Clatsop County has had overall insurance rate (84.5%) only slightly above the state rate (83.3%). The proportion of residents reporting that they could not see a physician due to cost was also similar for Clatsop County (13.6%) and the state (14.0%). Thus, an objective A1.1. is to increase the number of people with health insurance.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
A1.1.1 Market Cover Oregon, Oregon Health Plan and Oregon Healthy Kids throughout community.	A1.1.1.1. Arrange radio interviews, and other public presentations	*Number of unearned media spots *Number of enrollees in Cover Oregon *Number of contacts made *Number of people enrolled on Oregon Health Plan website	March of 2014	*Clatsop Co. Public Health *Cover Oregon Assistors *Coastal Family Healthcare
	A1.1.1.2 Utilize earned media			
A1.1.2 Assist with sign-ups to eligible community members and businesses for Cover Oregon.	A 1.1.2.1 Allign Assistors and Insurance Brokers to increase awareness		June of 2014	
	A1.1.2.2 Leverage Cover Oregon Activities			

Policy Change Needed: None.

ALIGNMENT
The Oregon State Health Imporvement Plan will be addressing chronic disease through policies and prevention and health promotion efforts. Cover Oregon Assistors and State of Oregon are working together to sign-up to eligible community members. Best Practices: Affordable Care Act

RESOURCES AND ASSESTS	
Providence Organizational Strength	Columbia Pacific CCO
Coastal Family Health - FQHC	Clatsop Economic Dev. Resources
Clatsop Behavioral Health	Insurance Brokers
City Chambers and Development Associations	

OBJECTIVE A2.1
In Clatsop County, the population the Hispanic community is growing (7.8%). Objective A2.1 seeks to decrease culture and language barriers of Clatsop County's Hispanic community and increase awareness to improve the delivery of culturally competent health care services.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
A2.1.1 Market and educate Hispanic community on available healthcare services.	A2.1.1.1 Provide Spanish language written materials.	*Monitor local program/ service Hispanic assistance rate (i.e.WIC Twist Program)	June of 2014	CCPH & WIC
	A2.1.1.2 Provide Spanish language interpreters.			
	A2.1.1.3 Partner with Lower Columbia Hispanic Council for information in qtrly newsletter.	*Implement check-in question at clinics of how person heard of servce		

Policy Change Needed: None.

ALIGNMENT
This aligns with the CCPH strategic ojective to increase amount and quality of culturally sensitive communication.

RESOURCES AND ASSESTS	
Tongue Point Job Corps Center	Bilingual contractors
Federal Programs	FQHC
Bilingual LPHD staff	
WIC	

OBJECTIVE A2.2
The location of healthcare facilities (along the Oregon Coast) limits accessibility to many in-land, rural residents. Thus, objective A2.2 aims to provide safe, reliable, relevant and sustainable transportation services to Clatsop County residents.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
A2.2.1 Educate/market available transportation services to community	A2.2.1.1 Observe and rate level of service and assess the local needs of our community within the service area of SETD via public comments process.	* Route observance and study to show what routes are producing the higher ridership counts *Surveying of riders * Surveying of medical facilities	2018	SETD & NWRC

Policy Change Needed: None.

ALIGNMENT
This aligns with the goal of lowering costs by reducing no show rates and emergency rides for non emergency events.

RESOURCES AND ASSESTS
SETD provides fixed route bus service with a variety of transit buses. ADA paratransit provides trips with two dedicated busses. SETD provides administrative offices at the transit center in downtown Astoria, Oregon. SETD also provides access to Columbia and Tillamook counties via the CONNECTOR transportation plan. The CONNECTOR buses meet up with buses from those other counties to provide the access to those areas.

Priority Area A: Access to Health Services

Goal A3: Decrease the gaps in access and availability of mental health and behavioral health services.

OBJECTIVE A3.1
Any mental and behavioral health services requested by community members at Clatsop Behavioral Health will be addressed within 14 days of original request. If there is imminent need, services will be provided within 24 hours.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
A3.1.1 Provide open access of mental and behavioral services to community members for 2 hours every week day.	A3.1.1.1 Hire new position, Intake and Engagement Coordinator to help with patient flow.	*Number appointments met/missed	December of 2014	Clatsop Behavioral Health
	A3.1.1.2 Follow-up appts are made in timely manner			
A3.1.2 Bus tickets provided to increase access to appointment.	A3.1.2.1 Advertise for this service while making appointments with client.	* Number of bus passes redeemed		

Policy Change Needed: None.

ALIGNMENT
Objective aligns with Addictions and Mental Health Division of Oregon Health Authority, Columbia Pacific CCO and Clatsop Behavorial Health objectives.

RESOURCES AND ASSESTS
Mental Health First Aide Training Providence SETD Columbia Pacific CCO

Priority Area B

Healthy Lifestyle Choices

Goal 1: Reduce the prevalence of obesity and overweight through improved nutrition and physical activity.
Goal 2: Reduce the use of alcohol, tobacco and other drugs.
Goal 3: Promote county-wide policy and practices for worksite wellness.

A barrier in rural communities is that they are often characterized by deeply entrenched social and cultural norms that make certain risk behaviors more acceptable and prevalent, e.g., smoking and use of smokeless tobacco[3]. To change social and cultural norms, we must make healthy choices the most available choice.

In Clatsop County, smoking is more common at all ages, when compared with Oregon as a whole. A particular concern is smoking uptake during the teenage years; smoking rates are currently higher in 11th grade than in the general adult population. Further, smoking prevalence in expectant mothers is well above the statewide prevalence; tobacco use in 2004-07 was 20% for Clatsop County and 12% for Oregon. Alcohol and drug use trends are increasing among pregnant women receiving care through Clatsop County agencies, though there is not sufficient evidence for as to why this is occurring as of now.

After tobacco use, the second most preventable cause of death in Clatsop County is obesity. As obesity rates rise, diseases like diabetes and heart disease increase. Workplaces, neighborhoods, schools and the community-at-large need to be focused on ways to increase physical activity and access to healthier food options.

People living in communities with easy access to safe walking, biking and hiking routes are more likely to integrate physical activity into their daily routine. Thus, one objective of this plan is to create a sustainable model program, "The Wellness Challenge," which can be replicated throughout other counties.

In Clatsop County, approximately half of adults achieve the recommended number of days of moderate or vigorous physical activity. However, Clatsop County youth, despite having considerable room for improvement, report greater rates of physical activity than their Oregon peers, particularly in 11th grade. If these rates are improved upon, not only will individual health be enhanced, but community norms around increased activity will be improved as well.

[3]Oregon Tobacco Facts and Laws, 201

Priority Area B: Healthy Lifestyle Choices

Goal B1: Reduce the prevalence of obesity and overweight through improved nutrition and physical activity.

OBJECTIVE B1.1
Incidence of school age children that are overweight or obese will be less than state average.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B1.1.1 Collect accurate data in representative sample from all school districts to ascertain the incidence of school age kids who are overweight or obese.	B1.1.1.1 Create system of data collection for determination of overweight/obesity.	*5 of 5 school districts agree to participate	June of 2015	Laurie Choate
		*Collect data on 70% of enrolled students ages 6-11		
B1.1.2 Establish wellness committees at each school district that include teachers, students, and parents' recommendations for maintenance of healthy weight, and/or reduce incidence of obesity	B1.1.2.1 Engage leaders at each school district to participate in committee.	* Number of Schools, Committee members	January of 2015	
	B1.1.2.2 Recruit parent volunteers and students in each school to serve on wellness committee.	* Number of Schools, Committee members	June of 2015	CCPH Clatsop Community College CHART
	B1.1.2.3 Provide Technical Assistance to Wellness Committees.	*CHART wellness coordinator will present to each district.		
B1.1.3 Collaborate with school districts to develop policies that will promote healthy environment at school campuses.	B1.1.3.1 Explore best practices and current research to ascertain practices that are cost effective and effective at reducing incidence of overweight and obesity.	*Number of new programs	June of 2016	School Districts
	B1.1.3.2 Provide sample policies that may be adopted by school districts.	*Number of policies adopted		CCPH

Policy Change Needed: None.

ALIGNMENT
Aligns with Federal, State, CCPH and CCO objectives to reduce overweight and obesity.

RESOURCES AND ASSESTS	
Connect The Dots	Head Start
School Wellness Survey	Early Learning Council
Oregon Educators Association	School Districts
Clatsop Community College Nursing and Medical Assistant programs	

OBJECTIVE B1.2
Create a sustainable model program, "The Wellness Challenge," that can be replicated throughout the county.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B1.2.1 Apply for Columbia Pacific CCO Grant and Community Transformation Grant.	B1.2.1.1 Partner with Tillamook and Columbia Counties and the CCO to demonstrate regional viability.	*Regular Meetings held involving three counties *Meetings held with partner agenices	2014-2017	Tillamook, Clatsop, and Columbia Public Health Departments
	B1.2.1.2 Demonstrate existing capacity and expand collaboration.	*List of current resources of each county *Identified objectivies for		
B1.2.2 Apply CCO mini-grant application to pilot Wellness Challenge program.	B1.2.2.1 CHART to write letter of support.		June of 2014	CHART

Policy Change Needed: Clatsop Co. will need to have both 100% Tobacco Free and Heathy Foods Policies in operation to qualify for grant. Tobacco policy is in place. Health Food Policy to be implemented by July 2014.

ALIGNMENT
Obesity as the second leading cause of preventable death in the Nation. Columbia Pacific CCO and the Oregon Health Authority have identified this as a priority in Clatsop County and the State of

RESOURCES AND ASSESTS
Tillamook, Clatsop, and Columbia Parks and Recs agencies Columbia Pacific CCO CHART Tillamook, Clatsop, and Columbia Public Health Departments

OBJECTIVE B1.3
Clatsop County residents have greater than average access to recreational facilities than other counties in Oregon (CHA) but may not know what is available to them. Objective B1.3 aims to develop and promote healthy lifestyle resources available to community.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B1.3.1 Community Trails Map distribution	B1.3.1.1 Create agreement document for Trail Map partners.	*Number of maps sold *amount of income generated by map sales	January of 2014	CHART
B1.3.2 Launch Community Website that includes "Healthy Resources"	B1.3.2.1 Partners will provide resource information (i.e schedules of Farmers Markets and open indoor facilities).	*Number of website views/ hits		

Policy Change Needed: None.

ALIGNMENT
Columbia Pacific, Clatsop County and CHART all have local objectives to increase physical activity and healthy well-beig. State of Oregon and National goals to decrease obesity and increase healthy living.

RESOURCES AND ASSESTS	
Warrenton Trails Association	OSU Extension Agency
Lewis and Clark National Historic Park	North Coast Food Web
Clatsop County Public Health	
Oregon State Parks	

Priority Area B: Healthy Lifestyle Choices
Goal B2: Reduce the use of alcohol, tobacco and other drugs.

OBJECTIVE B2.1
Reduce alcohol, tobacco and drug use among pregnant women and women of childbearing age.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B2.1.1: Increase healthcare provider's use of screening tools.	B2.1.1.1: Create epidemiological workgroup to analyze data, sources, and screening instruments.	* Workgroup created. Track meeting outcomes	June of 2015	Clatsop County Juvinile Prevention Program
		*Data sources, baseline data &screening tools identified & documented		
	B2.1.1.2: Coordinate with three local providers to use evidence based practice screening tool.	*Three providers will use screening tool		
B2.1.2 Increase access to tobacco cessation and treatment.	B2.1.2.1 Provider referals to QuitLine & local cessation resources communications and presentations.	*Number of QuitLine referrals		Clatsop County TPEP
	B2.1.2.2 Collaborate with CPCCO to implement SBIRT.			

Policy Change Needed: Commitment of healthcare providers to screen, intervene, and refer to cessassion and treatment.

ALIGNMENT
Clatsop County Biennial Implementation Plan for Addiction, Mental Health and Prevention Early Learning Council, Columbia Pacific Coordinated Care Organization

RESOURCES AND ASSESTS	
Clatsop County Public Health	Clatsop County Juvenile Department
Columbia Pacific CCO CAC	Providence Seaside Hospital
Clatsop Behavioral Healthcare	Columbia Memorial Hospital
Coastal Family Health Center	

Priority Area B: Healthy Lifestyle Choices
Goal B2: Reduce the use of alcohol, tobacco and other drugs.

OBJECTIVE B2.2
In 2010, Clatsop County 8th graders recorded higher use of alcohol, tobacco and marijuana in the past 30 days, compared to state average of 8th graders. Objective B2.2 aims to reduce the number of 8th grade students reporting 30 day use of alcohol, tobacco and marijuana.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B2.2.1 Evaluate environmental factors leading to youth alcohol and tobacco us.	B2.2.1.1 County environmental scan	*Scan implemented *E-scan toolkit assembled	June of 2014	Clatsop Co. Juvenile Dept.
	B2.2.1.2 Community Readiness Assessment	*CRA conducted, analysis and report		
B2.2.2 Increase pro-health and pro-social norms.	B2.2.2.1 Postitive Community Norms Training	*PCN training conducted *Follow-up assesments	January of 2014	North Coast Prevention Works Coalition

Policy Change Needed: None.

ALIGNMENT
OHA/AMH - Strategic Prevention Framework Initiative

RESOURCES AND ASSESTS
OHA/AMH - SPF Montana State Univ. North Coast Prevention Works

Priority Area B: Healthy Lifestyle Choices
Goal B2: Reduce the use of alcohol, tobacco and other drugs.

OBJECTIVE B2.3
Reduce tobacco sales to minors.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B2.3.1 Initiate local county tobacco retail licensure.	B2.3.1.1 Conduct environmental scan of current retailers.	* Complete list of tobacco retailers and items sold	March of 2014	Tobacco Prevention and Education Program coordinator
	B2.3.1.2 Meet with Board of Commissioners to promote licensure.	* Ruling for support for madatory tobacco retail licensure.		
B2.3.2 Institute local tobacco retail licensure policy.	B2.3.2.1 Draft policy	* Approved by Legal Counsel	March of 2015	
	B2.3.2.2 Propose policy change to county management and BOCC	* Approval and passage by BOCC		

Policy Change Needed: Adopt Tobacco Retail Licensure policy.

ALIGNMENT
National data show that strong licensure reduces illegal sales rates (Youth Tobacco Purchase Survey, 2007). Oregon Health Authority objective to reduce tobacco to minors.

RESOURCES AND ASSESTS	
Oregon Health Authority	State SYNAR program
Local School Districts	Clatsop County Public Health
Board of County Commissionners	
Juvinile Prevention Program	

Priority Area B: Healthy Lifestyle Choices
Goal B2: Reduce the use of alcohol, tobacco and other drugs.

OBJECTIVE B2.4
Clatsop County Community College will adopt a tobacco-free campus policy.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B2.4.1 College Wellness team will work with Nursing students and staff to promote tobacco-free campus activities.	B2.4.1.1 Promotion of Great American Smoke Out.	*Number of quit kits distributed to staff and students	3rd week of November, annually	College Wellness Team & Nursing Staff
	B2.4.1.2 Incorporate tobacco prevention and cessation strategies in nursing curriculum.	*Student Assessments		
B2.4.2 Promote healthy lifestyle choices and behaviors on campus.	B2.4.2.1 Offer one credit courses in healthy forms of stress reduction and cessation.	*Number of students and staff who sign up for courses	September of 2015	
B2.4.3 follow school procedures for new policy adoption.		*Receive 3/5 affirmative votes by College Board to adopt policy		

Policy Change Needed: Tobacco Free Policy for Clatsop Community College.

ALIGNMENT
Oregon Health Authority and CCPH objectives to promote tobacco-free college campus initiatives.

RESOURCES AND ASSESTS	
Tobacco Free Coalition	LPHD Health Promotion Specialist
College Worksite Wellness Team	Fresh Air Campus Initiative
Nursing program and nursing faculty	
Oregon Health Authority	

Priority Area B: Healthy Lifestyle Choices
Goal B3: Promote county-wide policy and practices for worksite wellness.

OBJECTIVE B3.1
Increase the number of employers that adapt polices and practices for healthy worksites.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
B3.1.1 Create opportunities for employers to collaborate & share resources that promote worksite wellness.	B3.1.1.1 County-wide Worksite Wellness Challenge	*# of Employer Participation	April of 2014	VISTA AmeriCorps Position and CHART
	B3.1.1.2 Create Wellness Committees within worksite or group of worksites.	*# of Wellness Committees, guidelines and local practices created		
	B3.1.1.3 Present worksite wellness information and resources at local community organizations & offer technical assitance in implementation.	*# of respondents that request TA or presentations and materials		

Policy Change Needed: HR Departments or business to add healthier options in and around the workplace.

ALIGNMENT
Oregon Health Authority's Workplace Health promotes healthy work environments for all Oregonians.

RESOURCES AND ASSESTS
Oregon Public Health Institute Wellness@Work website and assessment tool: http://www.wellnessatworkoregon.org/ OHA Worplace Health Website: http://public.health.oregon.gov/HealthyEnvironments/WorkplaceHealth/Pages/index.aspx Clatsop County Wellness Team

Priority Area C

Reducing Chronic Conditions

Goal C1: Increase access to self-management opportunities.
Chronic diseases are the major cause of disability and death for Oregonians. In Oregon, more than three out of five deaths are due to heart disease, stroke, cancer, diabetes and chronic lower respiratory diseases (e.g., emphysema, chronic bronchitis)[4]. Over 60 percent of Oregon adults have at least one of the following conditions: arthritis, asthma, diabetes, heart disease, high blood pressure, high cholesterol or stroke, and nearly 90 percent have at least one major risk factor for chronic disease: tobacco use, overweight or obese, physical inactivity or poor nutrition.

These statewide numbers are alarming, but what is even more alarming is that Clatsop County has higher rates than Oregon of chronic disease, particularly in those associated with aging arthritis, cancer, diabetes, heart attack, stroke, and hypertension. According to the 2011 County Health Rankings, 13% of Clatsop County adults report fair or poor health, as compared to 14% statewide. While Clatsop County's higher death rates and lower birth rates may be the reason for such alarming chronic condition rates, it is undeniable that the county is moving toward an older population with greater chronic disease burden. Thus, the one goal is to increase the opportunities for citizens to take advantage of evidence-based self-management classes and workshops.

[4]Healthy Places, Healthy People: A Framework for Oregon, 2008

Priority Area C: Reducing Chronic Conditions
Goal C1: Increase access to self-management opportunities.

OBJECTIVE C1.1
Offer low cost to no cost evidence based self-management classes across county.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
C1.1.1 Promote Living Well Classes (4 per year)	C1.1.1.1 Promote classes through Columbia Memorial Hospital Discharge Planning	* Aim for 20% enrollment through discharge referal	June of 2014	Columbia Memorial Hospital Education Program Coordinator
	C1.1.1.2 Utilize community partners.	* Fill class enrollments		
C1.1.2 Promote available heath education opportunities to community (classes like Arhritis, Tai Chi, Cooking Matters) .	C1.1.2.1 Utilize community partners.	* Fill class enrollments	June of 2015	
	C1.1.2.2 Follow up with those that don't complete classes to obtain feedback.	*Aim for 80% completion rate		

Policy Change Needed: None.

ALIGNMENT
Oregon Health Improvement Plan

RESOURCES AND ASSESTS	
Living Well Program	CHART
Columbia Memorial Hospital Education Dept	NW Senior and Disability services
Partner network	Local media

Priority Area D

Collaboration

Goal D1: Increase capacity of public health outcomes through partnerships.
Goal D2: Create a system where partners can collect and evaluate accurate and timely data.

Many social and human service organizations provide abundant services to individuals throughout Clatsop County, which include, but are not limited to transportation, childcare, food assistance, early childhood education and nutrition. Clatsop County Public Health is also comprised of many different programs that provide health opportunities to the community. Collaboration among city governments, schools, non-profits, faith institutions, emergency responders, and all community members is the aim of this priority area.

When there is a lack of knowledge regarding services that are available within the community, services go underutilized and then unfunded. Thus, one of the objectives in this priority area is to create a community portal of resources.

Through CHIP planning meetings, it was recognized that an evident lack of coordination between organizations that provide health and social services is present in Clatsop County. The Clatsop Community Health Advocacy and Resource Team (CHART), the Early Learning Council and Connect the Dots are three organizations of leaders in the community, who are addressing this issue.

Priority Area D: Collaboration

Goal D1: Increase capacity of public health outcomes through partnerships

OBJECTIVE D1.1
Sustain and increase Clatsop Community Health Advocacy and Resource Team (CHART), to continue working towards a healthier Clatsop County and collaboration towards all avenues of health.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
D1.1.1 Increase CHART members.	D1.1.1.1 Gap analysis to identify new CHART members.	* Number of CHART members from new community sector	When VISTA Position expires (2014)	CHART
	D1.1.1.2 Create a CHART Leadership Committee that coordinates CHART functions.	*Annual committee election		
D1.1.2 Locate Additional Funding for program and projects.	D1.1.2.1 Apply for grants/ other funding.	*Receipt of grants/ other funding and create Spending Reports to deliever to community	2014	
	D1.1.2.2 Find sponsors.			

Policy Change Needed: More formalized structure to CHART. A volunteer committee to keep CHART running and organized.

ALIGNMENT
National Best Practice to have community representation in health policy plans and decisions.

RESOURCES AND ASSESTS
CHART

Priority Area D: Collaboration

Goal D2: Create a system where partners can collect and evaluate accurate and timely data.

OBJECTIVE D2.1
Create a community communication portal available to community members and partners.

STRATEGY	TACTIC	PERFORMANCE INDICATOR	TARGET DATE	OWNER
D2.1.1 Establish publicly accessible repository on county website for assessments and reports.	D2.1.1.1 Work with county IT department	* Availabilty of site * Number of site views/hits	June of 2014	Steven Blakesly, CCPH
	D2.1.1.2 Work with partners on collecting current county assessments and reports.	* Number of assessments collected		
D2.1.2 Market portal to community and partners.	D2.1.2.1 Create communication plan			
	D2.1.2.2 Utilize local partners and earned	* Document local coverage and reach		

Policy Change Needed: Internal policy to maintain and update portal.

ALIGNMENT
CCPH Agency Strategic Plan aims to expand data sharing in community.

RESOURCES AND ASSESTS
CCPH; committeed staff and strong team players Connecting the Dots Substance Abuse Coalition Tots

The Road Ahead

The Clatsop County Community Health Improvement Plan outlines strategies for our community to work together to improve health. This plan is a living document, and while the priorities are clear, the methods for addressing each of them will evolve and grow over the next 3-5 years. Completion of the CHIP marks the beginning of the Action or Implementation Phase of the community health improvement process starting in January 2014.

Clatsop County:

A county whose residents are informed and empowered to seek healthy lifestyle options to ensure an optimal quality of life.

Oregon:

We envision an Oregon where *every* community is empowered to improve the lifelong health of all people in Oregon.

REFERENCES AND LINKS (*in alphabetical order*)

American Legacy Foundation (2009) *Tobacco Control in Rural America.*
www.legacyforhealth.org/PDF/Tobacco_Control _in_Rural_America.pdf

Clatsop County Community Health Assessment
http://co.clatsop.or.us/assets/dept_10/pdf/clatsop%20assessment%202013.pdf

County Health Rankings
www.countyhealthrankings.org

Healthy Places, Healthy People: A Framework for Oregon, 2008
public.health.oregon.gov/PHD/ODPE/HPCDP/Pages/inde x.aspx

Oregon Tobacco Facts and Laws, 2011
public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tobfacts.pdf

OHSU Office of Rural Health
www.ohsu.edu/xd/outreach/oregon-rural- health/Oregon

U.S. Department of Health and Human Services (2000) *Reducing Tobacco Use: A Report of the Surgeon General.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

CHART Roster Updated July 2013

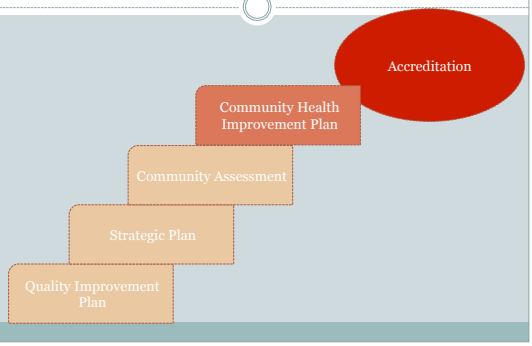
Grace	Laman	Nutritionist, Astoria Parks BOD, Astoria Schools BOD
Jill	Quackenbush	Juvenile Prevention Supervisor
Jim	Coffee	CEO Coastal Family Health Center
Tessa James	Scheller	Community College BOD, Warrenton Trails Association President
Justin	Cutler	Director Sunset Empire Parks
Angela	Cosby	Director Astoria Parks and Rec
Kristin	Frost Albrecht	Nutrition Educator OSU Extension
Marilyn	Lane	Executive Director White Water Institute
Michelle	Lewis	Community Programs Supervisor NW Seniors and Disabilities Services
Steven	Blakesley	Health Promotion Specialist Clatsop County Public Health
Todd	Johnston	Executive Director NW Housing Authority
Venus	Fromwiller	Health Educator, Astoria High School, Columbia Memorial Hospital
Alyssa	Dorman	Health Educator, Columbia Memorial Hospital
Jason	Jones	Sunset Empire Transportation District
Zach	Fund	VISTA Volunteer (worksite wellness)
Paulette	McCoy	Director of Marketing Seaside Providence Hospital
Laurie	Choate	Director of Nursing Clatsop Community College

Community Health Improvement Plan:

AN OVERVIEW

STEVEN BLAKESLEY
OCTOBER, 2013

Steps Towards Accreditation: impacting the health of the community



What does a healthy community look like?

Community Engagement and Expertise

- Guided by
  - Community partners
    - CHART
  - Community assessment
  - Public health dept.
  - Consultant who drafted the state plan
  - Survey from CCO

Community Health Improvement Plan: Key findings

- Access To Health Care
- Healthy Lifestyle Choices
- Reducing Chronic Conditions
- Collaboration

Access to Health Services

Strategic Issue: How can we improve access to health services?

- Increase the number of residents with health insurance.
- Decrease barriers to access healthcare.
- Decrease gaps in access and availability of mental health and behavioral health services.

Healthy Lifestyle Choices

Strategic Issue: How can we reduce the burden of preventable health issues and promote healthy lifestyle choices?

- Reduce the prevalence of obesity and overweight though improved nutrition and physical activity.
- Reduce the use of alcohol, tobacco and other drugs.
- Promote county-wide policy and practices for worksite wellness.

Reducing Chronic Conditions

Strategic Issue: How can we reduce the burden of chronic conditions?

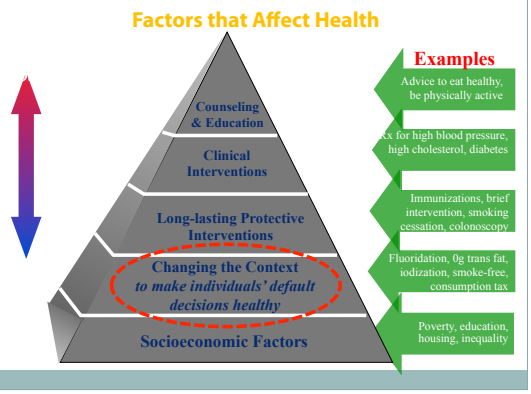
- Increase access to self-management opportunities.

Collaboration

Strategic Issue: How can our community build new and sustain successful community collaborations to achieve public health goals?

- Increase capacity of public health outcomes through partnerships.
- Create a system where partners can collect and evaluate accurate and timely data.

As the board of health



Thank You

County health leader promotes workplace wellness

By Ted Shorack

The Daily Astorian | Posted: Thursday, October 24, 2013 10:13 am

The Clatsop County Public Health Department is identifying ways to improve health services as part of its continuing accreditation process.

Steven Blakesley, health promotion specialist, gave county commissioners a presentation Wednesday that focused on the questions that provide a framework for the community health improvement plan.

Improving access to health care is a key component to the plan. Blakesley listed increasing the number of residents with health insurance, decreasing barriers to health care and decreasing gaps in access to mental health as ways to address the problem.

Like the recently conducted community assessment, the community health improvement plan has been undertaken for the department's accreditation process, which will help with getting future funding.

In the plan, the department is also looking at ways to reduce the prevalence of obesity through improved nutrition and physical activity.

"This is one of the highest marks that we get in terms of our county," Blakesley said. "This is one of the areas that we exceed the levels of the state. This is one of the areas that's been identified that we really need to address."

The department also wants to continue to promote healthy lifestyle choices, he said, and look at ways to reduce the use of alcohol, tobacco and drugs. He urged countywide policy and practices for work-site wellness as well. The county work-site wellness program is an example, Blakesley said.

"Using that as a model (we can) influence other work sites to establish wellness programs so we're addressing people where they're working and not just at home," he said.

Blakesley also brought up the need to work on preventable chronic diseases from the start while helping those dealing with them now.

"What we'd like to do is ultimately reduce chronic conditions so they never start in the first place," Blakesley said.

Collaboration within the community will be a big part of the success, he said, with organizations working to address health issues jointly.

“Clatsop County, in my mind, has been outstanding in terms of the willingness of different agencies and groups to collaborate on these projects,” Blakesley said.

“As a community, we definitely need to collaborate,” he said. “If we’re really going to change the context of our county, so each and every citizen has the opportunity to make healthy choices, we need to make those choices easier choices.”

In other news:

• The board voted unanimously to adopt an emergency ordinance amending an intergovernmental agreement with Northwest Senior and Disability Services’ charter. The intergovernmental agency’s board, which oversees delivery of state senior and disability services, is seeking to reduce the number of advisers on its senior advisory council from 27 to 20. In order to reduce the number, the board needed approval from county commissioners in multiple Oregon counties.

• Commissioners authorized County Manager Scott Somers to sign a letter that will be sent to the Oregon Department of Land Conservation and Development regarding the decision the board made to deny an application for a proposed liquefied natural gas pipeline. The department requested a public comment from the board for its consistency review of the location proposed for a LNG terminal in Warrenton and the adjoining 86-mile pipeline. The department will be looking at statewide planning goals. County staff drew up the letter indicating the decision by the board and included supporting material.