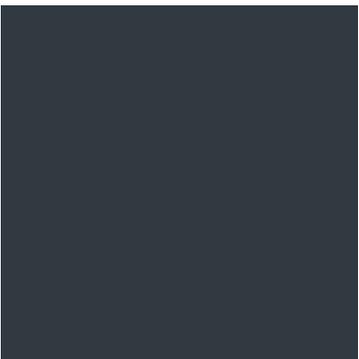
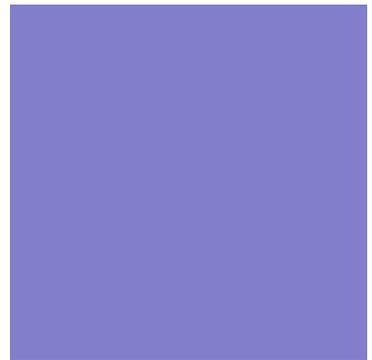
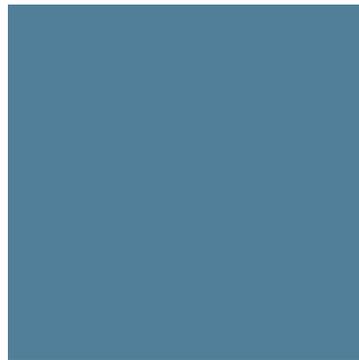
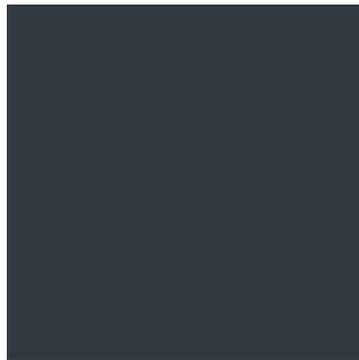
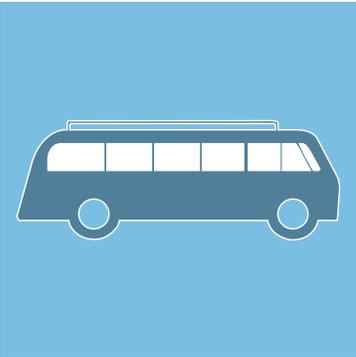


# Josephine County Community Health Improvement Plan 2014



# *Acknowledgements*

PrimaryHealth of Josephine County would like to thank the Community Advisory Council for their dedicated efforts and hard work to complete this project. We would also like to thank Jackson Care Connect and AllCare Healthplans for their continued collaboration in Healthcare Transformation for Southern Oregon.

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# 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. The Community Health Improvement plan (CHIP) is a plan that is based on the Community Health Assessment (CHA) data and prioritizes issues that Coordinated Care Organizations (CCOs) in Josephine and Jackson counties feel are important to address. In order to tackle such a large undertaking, several CCOs came together in 2013 to collaborate on a single, collective community health assessment for Josephine and Jackson Counties.

**PrimaryHealth** of Josephine County, Jackson Care Connect and AllCare Health Plan and their Community Advisory Councils (CACs) collaborated to create a single health assessment for Jackson and Josephine Counties. The next step, to create a Community Health Improvement Plan (CHIP) began in January 2014.

The three CCOs continued to collaborate on the CHIP process, beginning with a collective process to identify three major topic areas for all three CCO CHIP documents to focus on. CAC members from all three CCOs and two counties reviewed the data collected and highlighted in the 2013 Community Health Assessment. Three general focus areas were then identified as health priorities, they are: **Healthy Beginnings, Healthy Living and Health Equity.**

## CHIP Process



The next collaborative step involved the collection of extensive community input about possible strategies to address the health priority areas. Surveys and public meetings captured over 1000 unique comments and survey data from 628 community members and individuals that provide health and social services in Josephine and Jackson Counties. All three CCOs shared in the resources and data analysis of the community input part of the process.

Strategies were then chosen from the community input. Each CCO chose their own strategies based on their guiding philosophies, organization resources and priorities and their CAC's input. Each CCO drafted their own CHIP but continued to have shared health priority focus areas, format and design.

## Useful Acronyms

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

The CHIP includes strategies for enrollees and members of PrimaryHealth of Josephine County CCO and some strategies for the community at large. Progress on the CHIP will be reviewed annually by PrimaryHealth's CAC.

For a copy of the 2013 Josephine and Jackson County Community Health Assessment, full copies of the 2014 PrimaryHealth Community Health Improvement Plan, please contact: [PrimaryHealthCAC@ohms1.com](mailto:PrimaryHealthCAC@ohms1.com)

# Community Health Improvement Plan (CHIP)

2014 High Level Strategies Map — Josephine County



## Healthy Beginnings

### *Prenatal*

Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy

### *Early Childhood investment*

Identify opportunities to collaborate with the regional Early Learning Hub, focusing on parenting skills, support and kindergarten readiness efforts

### *Childhood trauma*

Increase awareness of Adverse Childhood Experiences (ACEs) body of research and implications for practice

### *Homelessness among youth*

Identify opportunities for collaboration on reducing homelessness among youth

## Health Equity

### *Recruitment and retention*

Identify new ways to announce and celebrate new providers while supporting current provider retention efforts

### *Health literacy*

Increase member understanding about benefits related to mental health and substance abuse and engage providers in health literacy efforts

### *Navigators*

Explore expansion of community outreach specialists to address health disparity issues

## Healthy Living

### *Chronic pain*

Support people living with chronic conditions and chronic pain, support efforts to reduce the misuse of prescription medications

### *Physical activity*

Increase member engagement in physical activity, including expanded wellness benefits

### *Alcohol, tobacco and other drugs prevention*

Support Choices Alcohol, Tobacco & Other Drugs (ATOD) Counseling for youth in Hidden Valley and Cave Junction High Schools

## Core Planning Principles

- Based on 2013 Community Health Assessment
- Identify cost effective strategies that leverage local assets and resources
- Create positive, measurable change in individuals and community
- Coordinate with efforts that are already successful in Josephine County
- Utilize evidence-informed strategies
- Identify population-specific strategies, addressing health disparities
- Meets Oregon Health Authority and Public Health Accreditation rules and mandates
- Strategies established for a 1-3 year time line

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

# Josephine County

## Community Health Improvement Plan 2014

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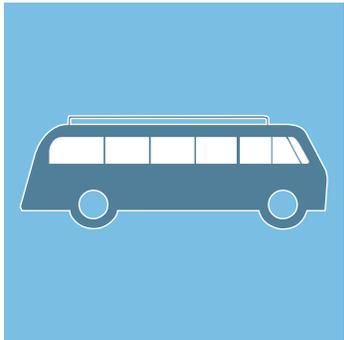
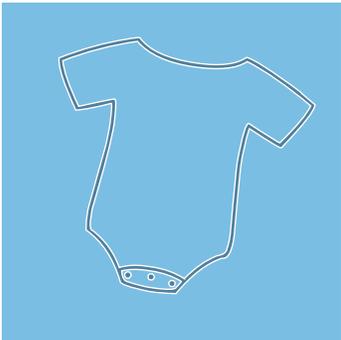
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# Introduction, Process & Methods

Understanding the picture of health in a community is the first step in planning to improve a community's health. The health of residents and causes of disease and disability for people living in Josephine County has changed over the last several decades, with chronic diseases now being the major cause of premature death. Risk factors of chronic disease include tobacco use, obesity, limited access to healthy food and nutrition. Supporting people that live in these counties to have healthy lifestyles, promoting the health of our children and youth and addressing health disparities are all factors in creating a healthier community.

Measuring and effectively improving the health of individuals and the community is complex and requires intentional planning. It begins by recognizing that health is beyond just the health care one receives and is influenced by many other factors such as health behaviors, environments that we live and work in, health care services, education and the health and social supports around us. Addressing these factors requires resources, efforts, collaboration, innovation and community engagement.

The first step in improving health is to understand the state of health in a community.

## CHA Process

Three Coordinated Care Organizations (CCOs) came together in January of 2013 to collaborate on a single, collective community health assessment over two counties in Southwestern Oregon. Pooling resources, reducing duplication of effort and meeting mandates motivated the three organizations to secure a contract with a consultant to lead and facilitate a community health assessment. The Josephine and Jackson Community Health Assessment was completed to meet the needs for PrimaryHealth of Josephine County, AllCare Health Plan and Jackson Care Connect. The document was released in the winter of 2013 and the next step, to create a Community Health Improvement Plan (CHIP) was started in January 2014.

## CHIP Process

The CHIP is a plan that seeks to make sense of the data and prioritize issues that community organizations feel are important to address. After completion of the collective CHA, the three CCOs continued to collaborate on the CHIP process, beginning with a collaborative process to identify three major topic areas. CAC members from all three CCOs reviewed data collected and highlighted in the 2013 Community Health Assessment and arrived at three general focus areas: **Healthy Beginnings, Healthy Living and Health Equity.**

### CHIP Focus Areas

- Healthy Beginnings
- Healthy Living
- Health Equity

The next step in the CHIP involved the collection of extensive community input about possible strategies to address the health priority areas. Several methods were used to solicit feedback from the community. Methods included public meetings and surveys in both online and paper format. The public meetings utilized an audience response system that polled audiences for their ideas, allowing all participants an opportunity to provide their input anonymously. Public meetings also utilized a world café model where participants dialogued with other community members, eliciting many community-based ideas.

## CHIP Process



The surveys were written for easy reading and comprehension, resulting in a 97% completion rate. The questions asked in the public meetings and the surveys were organized around the three health priority areas and the hope was to gather ideas and solutions from community members, providers of health and human services and organizations. A summary of survey findings may be found in the appendix.

Significant outreach to recruit participants to the public meetings and for community members and providers to take the surveys (both paper and online versions) was completed by members of the Community Advisory Council and CCO staff. Surveys were distributed across all three counties and captured over 1000 unique comments from 628 participants.

The Community Advisory Councils then worked with PrimaryHealth staff and an outside facilitator to choose strategies. The selection process began with review of the collected data and development of core planning principles. Strategies were chosen based on PrimaryHealth's organization resources and priorities and input from their CAC.

## Core Planning Principles

- Based on 2013 Community Health Assessment
- Identify cost effective strategies that leverage local assets and resources
- Create positive, measurable change in individuals and community
- Coordinate with efforts that are already successful in Josephine County
- Utilize evidence-informed strategies
- Identify population-specific strategies, addressing health disparities
- Meets Oregon Health Authority and Public Health Accreditation rules and mandates
- Strategies established for a 1-3 year time line

All three CCOs in the region shared a similar process, the three health priority focus areas and a similar format, but chose their own strategies and drafted their own CHIP. The resulting CHIP includes strategies that will ultimately benefit members of PrimaryHealth of Josephine County and strategies that will impact the community at large, and meets Oregon Health Authority requirements.

Progress on the CHIP will be reviewed semi-annually with additional strategies being evaluated as recommended by the CAC and other stakeholders.

## Priority Health Issue — Healthy Beginnings

*Goal: Engage in efforts to improve the health of children, adolescents and young adults from age 0-24*

Ensuring that children and youth are healthy, safe and ready to learn requires investment in prevention and attention to interventions that help the most at-risk children. Nurturing children before they enter school and supporting families as the first teachers of their children is correlated with higher learning outcomes and better health outcomes long term. The Southern Oregon Early Learning Hub's core purposes are based in early investment, supporting families and kindergarten readiness. Supporting these efforts and tying them to health outcomes is an important priority in the CHIP.

Understanding how exposure to childhood emotional, physical and sexual abuse and trauma affects behavior and disease in adulthood is vital to creating better health 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 of the Adverse Childhood Experiences Study (ACEs) will help to improve how we provide services to the most at-risk children, affecting the life long health and wellness outcomes of people living in Josephine County.

In the US, Nearly 50% of women experience an unintentional pregnancy. The risks of unintended pregnancies include many negative health outcomes such as low birthweight. Josephine and Jackson Counties will continue to support the preconception health campaign to reduce unintended pregnancies called One Key Question (OKQ).

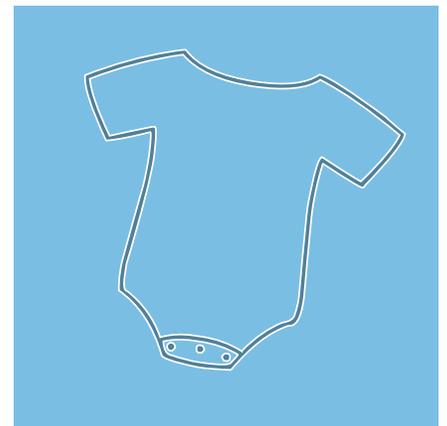
*“Be sure young parents having parenting skills.”  
—Focus Group Participant*

### **CHIP Priorities for 2014**

PrimaryHealth recognizes that there are many organizations already working on early investment, childhood trauma, youth homelessness and prenatal care. Connecting with current efforts, avoiding duplication and promoting successful programs were high priorities for the CAC. Collaborating with newly formed Early Learning Hubs and current efforts to increase knowledge about ACEs are core objectives. Supporting current best practice models of prenatal care, like the One Key Question program and promoting current programs to address youth homelessness were high priorities of the CAC.

The CAC chose four high-level strategy areas to focus on in the first year of the CHIP. Specific operation level activities will be established in July 2014 and progress of the strategies and objectives will be tracked. Additional strategies will be evaluated and possibly added to the CHIP in 2015.

Increasing knowledge of the CAC members about current community assets and gaps is also a priority. The CAC values in the planning principles stated a value of not duplicating efforts, leveraging current community assets and choosing strategies that were informed by evidence. Increasing CAC members' knowledge will help the CAC to adhere to these principles and ensure a well-informed CHIP process and document.



## Healthy Beginnings

### 2014 CHIP Strategies and Objectives

Goal: Engage in efforts to improve the health of children, adolescents and young adults from age 0-24

High Level Strategy	Objective	When	Status
<p><b>Early Investment</b> Identify opportunities with the Early Learning Hub to collaborate, emphasizing parenting skills, support and kindergarten readiness efforts</p>	<p>Collaborate with SOELS to promote education opportunities within the community</p> <p>PHJC will participate on the Early Learning Exec Board</p> <p>Oregon Health Management Service and the Community Health Education Classroom (OHMS/CHEC) to sponsor Love &amp; Logic parenting classes for the community</p> <p>Expand book program for Kids at well child checks for Siskiyou Community Health Center (SCHC) and Grants Pass Clinic</p>	2014	
<p><b>Childhood Trauma</b></p>	<p>Increase awareness of Adverse Childhood Experiences Study (ACEs) body of research and implications for practice</p> <p>Training CCO Governance Boards (including CAP, CAC, and QI Board)</p>	2014	
<p><b>Prenatal</b> Participate in preconception health programs to improve birth outcomes, including reduction of substance use during pregnancy</p>	<p>Collaborate to promote <b>One Key Question</b> program to improve birth outcomes and reduce substance use during pregnancy</p>	2014	
<p><b>Homeless Youth</b> Identify opportunities for collaboration on reducing homelessness among youth</p>	<p>Access resources through United Community Action Network (UCAN) to identify opportunities for improving services for homeless youth in the community.</p>	2014	

### Community Advisory Council Learning Opportunities

Training on ACEs research for CAC, identify future CHIP strategies

Presentation to CACs on Early Learning Hub efforts

Training on Family Nurturing Center efforts in Josephine County

Training/presentation on OKQ to CAC

## Priority Health Issue — Healthy Living

*Goal: To promote healthy lifestyles and improve health outcomes*

Health encompasses the full spectrum of physical, mental and social well-being. The absence of health and causes of chronic disease are a complex mixture of genetics, diet, physical activity, access to care, environment and geography. Leading healthy lives promotes health and helps to manage chronic disease.

Many people live with chronic pain associated with chronic disease. Managing pain effectively while reducing the high mortality (death) rates associated with prescription drug abuse continue to be a significant challenge in Josephine County. Raising awareness and providing education in a comprehensive way about how to manage chronic pain effectively is vital to improving health of our community and members.

Inadequate physical activity has a significant influence on the health of individuals in Josephine County. Research shows that obesity is associated with increased risk of coronary heart disease, type 2 diabetes, cancer, high blood pressure, stroke, liver and gallbladder disease. Approximately two-thirds of adults in Josephine County are either obese or overweight, putting them at increased risk of chronic disease, cancer and premature death.

The 2013 Community Health Assessment highlighted that drug and alcohol use is not a problem exclusively in adults. Eighth and eleventh grade students in Josephine County reported higher than state averages in binge drinking and use of cigarettes, alcohol, marijuana and illicit drugs.

*“Have CCOs provide fitness classes to anyone at their facilities” — Focus Group Participant*

### **CHIP Priorities for 2014**

PrimaryHealth recognizes that there are many organizations already working on healthy substance abuse, physical activity and chronic pain. Connecting with current efforts, avoiding duplication and promoting successful programs were high priorities for the CAC.

Three high-level strategy areas were chosen by the CAC to focus on in the first year of the CHIP. Strategies for chronic pain are focused on supporting current community efforts such as the Living Well with Chronic Conditions program and the Opioid Prescribers Group (OPG). Strategies for physical activity and substance abuse prevention are based on expansion of current PrimaryHealth efforts.

Specific operation level activities for all three high-level strategy areas will be established in July 2014 and progress of the strategies and objectives will be tracked. Additional strategies will be reviewed and possibly added to the CHIP in 2015.

Increasing knowledge of the CAC members about current community assets and gaps is also a priority. The CAC values: not duplicating efforts, leveraging community assets, and choosing evidence-informed strategies. Increasing CAC members' knowledge will help the CAC to adhere to these principles and ensure a well-informed CHIP process and document.



## Healthy Living

### 2014 CHIP Strategies and Objectives

Goal: To promote healthy lifestyles and improve health outcomes

High Level Strategy	Objective	When	Status
<b>Chronic Pain</b> Support people living with chronic conditions and pain, support efforts to reduce misuse of prescription medications	Support current Opiate Prescriber Group (OPG) efforts  Expand programs providing support for those living with chronic conditions and pain	2014	
<b>Physical Activity</b> Increase member engagement in physical activity, including expansion of wellness benefits	Sponsor fitness classes and physical activity events for community members	2014	
<b>Alcohol, Tobacco and Other Drug Prevention</b> Support prevention counseling for youth	Support Choices ATOD Counseling for youth in Hidden Valley and Cave Junction High Schools	2014	

### Community Advisory Council Learning Opportunities

Presentation/training on OPG Task Force, additional presentation on High School ATOD Programs

Training on Healthy U efforts

## Priority Health Issue — Health Equity

*Goal: To increase awareness of health equity and address social determinants of health*

Health Equity is when everyone has an equal opportunity to live a long and healthy life, despite many environmental and social constraints. Addressing health equity requires recognition of many factors that put people at a social or economic disadvantage. These factors are called health disparities and they include race, ethnicity, education and living conditions. One significant issue affected by these factors is access.

Discussions of access often focus on health insurance coverage, but it also includes other dimensions such as whether or not there is a health care provider available when you need one and how to negotiate the complex system of what is covered and what isn't covered in your benefits. The 2013 Community Health Assessment focus groups illustrated that access was complex and difficult in Josephine County. Concerns about affordability, availability of providers, including retaining current providers in the community and how to understand your benefits were consistently listed as primary concerns for people living in Josephine County.

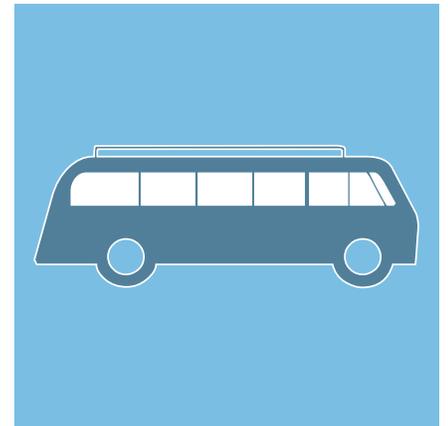
All strategy areas will be looked at in whole for all members and with an additional lens for members of minority groups, including racial and ethnic groups, sexual orientation and persons with disabilities.

*“We need more healthcare providers”— Focus Group Participant*

### **CHIP Priorities for 2014**

Three high-level strategy areas were chosen by the CAC to focus on in the first year of the CHIP, all related to access to care. Recruitment and retention of health care providers, increasing member knowledge about available benefits for mental health and substance abuse treatment and recovery were high priorities for the CAC. Assistance with navigating the health plan and system, by utilizing outreach workers was also a high priority.

Specific operation level activities for all three high-level strategy areas will be established in July 2014 and progress of the strategies and objectives will be tracked. Additional strategies will be reviewed and possibly added to the CHIP in 2015.



**Health Equity**  
**2014 CHIP Strategies and Objectives**

*Goal: To increase awareness of health equity and address social determinants of health*

<i>High Level Strategy</i>	<i>Objective</i>	<i>When</i>	<i>Status</i>
<p><b>Recruitment and Retention</b>            Identify new ways to announce and celebrate new providers, support current retention efforts</p>	<p>Highlight new providers</p> <p>Celebrate recruitment</p> <p>Continue to work with provider panels to keep them providing OHP</p> <p>Continue member assignment process to match patient to provider</p>	2014	
<p><b>Health Literacy</b>            Increase member understanding about benefits related to mental health and substance abuse</p>	<p>Develop campaign about benefits for mental health and substance abuse and how to access them</p> <p>Utilize lens to reflect member diversity and need based on CCO data</p>	2014	
<p><b>Navigators</b>            Explore expansion of community outreach specialists</p>	<p>Assess need for additional outreach workers</p>	2014	

**Community Advisory Council Learning Opportunities**

Training on Outreach Specialist efforts
Medicaid 101 Training
Participate in Regional Health Literacy training efforts
Review Race/Ethnicity data from OHA with CAC
Participate in training and outreach with Jackson County's Regional Health Equity Coalition, including Cultural Agility training and Unnatural Causes showings in Josephine County

## 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 members 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: PrimaryHealth of Josephine County at: [PrimaryHealthCAC@ohms1.com](mailto:PrimaryHealthCAC@ohms1.com)



# Appendix

## Survey Summary

### Process and Methods

Several methods were used to solicit feedback from the community. The purpose of the survey and public meetings was to get ideas about how to improve health from community members and providers of health and human services in Josephine and Jackson Counties. Methods included public meetings, online and paper surveys during February and March of 2014.

The community survey was written for easy reading and comprehension, resulting in a 97% completion rate. Survey questions sought input on possible strategies and activities in the three focus areas of **healthy beginnings, healthy living and health equity**. Respondents were asked to choose three strategies from a list and provide additional options in open-ended questions. Surveys were available online, via surveymonkey and in paper/hard copy format.

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 questions asked in the public meetings were the same. The public meetings also utilized a world café model where participants dialogued with other community members, eliciting many community-based ideas.

Significant outreach to recruit participants to the public meetings and for community members and providers to take the surveys (both paper and online versions) was completed by members of the Community Advisory Council and staff from all three CCOs. Surveys were distributed county-wide and captured over 1000 unique comments from 628 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. Categorized comments are available upon request to CCO staff.

### Summary Results and Themes

#### **Jackson Josephine County Community Health Improvement Plan 2014**

#### **Community Survey Stats**

*The highlighted responses below represent the top identified themes from the community surveys*

Total participants community survey	554
Total participants provider survey	74
Total all surveys	628
Total participants public meetings	60
Total unique comments from surveys and public meetings	1008
Completion rate	97%
Survey open	30 days

# Survey Themes

## Healthy Beginnings

*Including: Early Childhood, Children and Teens, Families*

- Parenting support and skill development
- Early intervention and home visiting programs
- Physical activities for youth
- Healthy food access for children and youth
- Sex education and pregnancy intention programs
- Homeless youth programs
- Family violence and affects of trauma on children
- Prenatal programs



## Healthy Living

*Including: Healthy Active Living, Alcohol, Tobacco and Other Drugs, Mental Health*

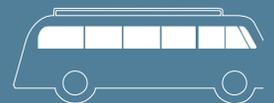
- Assistance for low cost fitness events/memberships
- Nutrition/healthy eating classes
- Built environment projects (sidewalks, walking paths etc)
- Worksite wellness programs
- Youth alcohol tobacco and other drug prevention
- Increase treatment quality, volume, accessibility of mental health and addictions programs
- Chronic pain, prescription medication use and prescribing
- Tobacco policy & cessation benefits
- Provider training: mental health and trauma informed services



## Health Equity

*Including: Access, Special Populations, Social Determinants of Health*

- Benefits for alternative providers
- Navigators to help coordinate and navigate system
- Transportation
- Recruitment/retention of all providers
- Programs for seniors and the disabled
- Trauma/intimate partner violence (IPV)
- Language access & cultural competency
- Economic development
- College programs for youth
- Access to specific services such as dental



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