Coos County Community Health Improvement Plan (CHIP) 2019-2022

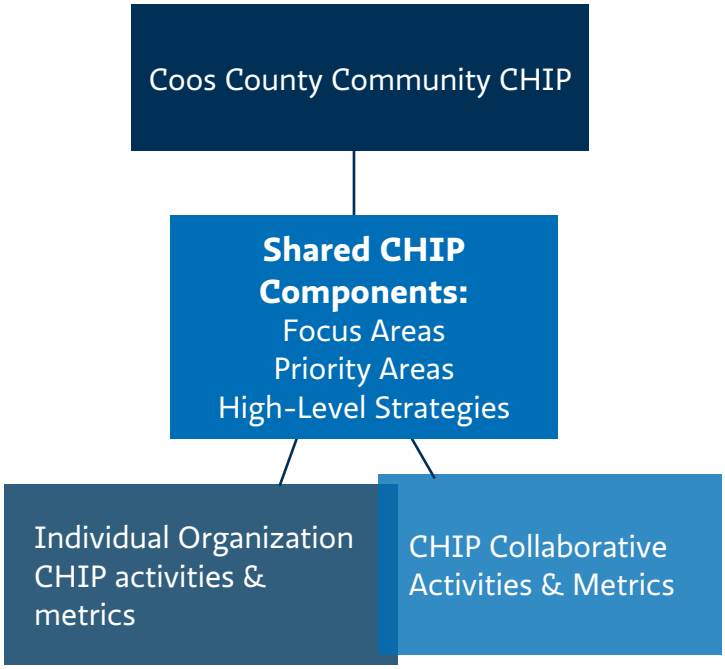
Introduction

The 2019-2022 Coos County Community Health Improvement Plan (CHIP) is a community level plan that aims to improve the health of individuals, families and the community at-large. The CHIP is not a stand-alone document, it is based on and compliments the 2018 Community Health Assessment (CHA). The CHIP represents community wide priorities and strategies and serves as a broad umbrella plan for many individual organization health improvement efforts while also providing a structured focus for ongoing community wide efforts.

The CHIP is community informed and focused on making meaningful changes through collaboration across many sectors and organizations. It is intended to address significant issues that influence health in Coos County. The 2018 CHA was led by a large collaborative of many organization from multiple sectors and several community members. The same Coos CHA collaborative also led and created the 2019-2022 CHIP.

The collaborative included representatives from the local Coordinated Care Organization, Public Health, hospitals, federally qualified health centers, tribal health services, dental organizations, school districts, addictions and mental health organizations, early learning and parenting groups and many other vital health and human service organizations. See description below in the planning process for more information on which organizations were involved in the CHA and CHIP processes.

The resulting CHIP document is intentionally broad as it is intended to be a map for the collaborative to continue to support and not duplicate local efforts. The focus areas and high-level strategies were chosen with community and organization input. The potential indicators and outcomes that are listed in the document are also informed by the data in the CHA. Specific activities that accomplish the high-level strategies and result in the outcomes will be fluid and dependent on individual organization CHIPs and community dynamics over the three- year CHIP. The CCO, Local Public Health Department and hospitals all have differing CHIP requirements and timelines, which are remedied by having a community wide CHIP and additional documents and work plans added to the community wide plan specific to each organization. The broad focus areas, priority areas and high level strategies in the community wide CHIP were formulated to be consistent among all individual CHIPs. The specific activities and metrics may differ among these different CHIP partners while also having some activities and metrics being led and accomplished by the CHIP collaborative. The broadness of the plan presents opportunity for continued collaboration and expansion of partners and efforts while also enabling current efforts and organizations to be engaged.



After the 2019-2022 Coos County CHIP is completed and shared the next steps include incorporating individual organization work into the broader CHIP priorities, identifying governance structure needs for the ongoing CHA/CHIP collaborative efforts and tying specific measurable activities and corresponding indicators to those efforts.

2019-2022 Coos County CHIP Planning Process

The work of the CHIP was completed by both the consultant and the CHA/CHIP collaborative committee. The committee provided leadership to the process, aided with gathering community input and were key in engaging community voice and input.

CHIP Process

Partners of the collaborative included local hospitals, the local federally-qualified health centers, public health, early learning and child/youth focused groups, the local Coordinated Care Organizations (CCO), tribal representation, dental organizations, education, behavioral health and addictions services and many other vital health and human service organizations.

Organization Partners in 2018 Coos Community Health Improvement Plan

- Department of Human Services
- Oregon Coast Community Action
- South Coast Head Start
- Bay Area Hospital
- Southern Coos Hospital and Health Center
- Coos Health & Wellness
- Advanced Health
- Coquille Indian Tribe Community Health Center
- ADAPT
- Oregon Health Sciences University
- Advanced Health CAC
- Advantage Dental
- Coast Community Health Center
- Coquille Valley Hospital
- Waterfall Community Health Center
- South Coast Regional Early Learning Hub
- Oregon Health Authority
- Coos County Friends of Public Health
- Coos County Public Schools
- United Way of SW Oregon
- Oregon State University Extention Service

The CHA and CHIP processes followed a modified Mobilizing for Action through Planning and Partnerships (MAPP) model and continued this national best practice for health planning. The CHIP process began shortly after the 2018 CHA was finalized in June 2018. The first action of the CHIP process was to review the 2018 CHA, set planning values and vision and establish four broad focus areas.

Established CHIP Focus Areas

Individuals & Families	Health Equity	Access & Capacity	Community Outreach & Engagement

After reviewing the CHA and setting broad focus areas the collaborative committee sought community input. A communitywide survey and several community input meetings were completed, seeking input on strategies/programs or initiatives in the community that were improving health, strategies/programs or initiatives that needed to be improved to increase the impact on health and input on new strategies/programs or initiatives that could be implemented to improve health. Additional organization input was gathered in the integration assessment process, a fifth assessment in the modified MAPP process. The integration assessment assessed for gaps, strengths and opportunities for integration and services related to health in the county.

The collaborative then reviewed the community input data and the newly developed 2020-2025 Oregon State Health Improvement Plan (SHIP) priorities and then established high level strategy areas for the Coos County CHIP.

Coos County CHA & CHIP Planning Values 2019-2022

These values were developed by the CHA & CHIP Collaborative to guide the planning process

- *We believe health is very connected to social determinants of health such as education, employment, housing, safety and food*
- *We believe in addressing poverty and inequity as a root cause of poor health is important*
- *We believe in a multi-sectoral approach to addressing community health is vital*
- *We believe we must present a balance of challenges, strengths and assets related to health*
- *We believe everybody is valuable, when people cease to think they are valuable it affects physical and behavioral health*
- *We believe the process serves to engage consumers of health services and incorporates the voices of those we serve*
- *We recognize that the resulting CHA document needs to meet requirements for several organizations and that we can't cover every possible health issue in one document so we will prioritize what we think is most important to emphasize*

CHIP Alignment with State Health Improvement Plan

SHIP Priority (2020-2024)	Coinciding Coos CHIP priority
Economic drivers of health (including issues related to housing, living wage, food security and transportation)	Housing & Homelessness Food & Nutrition Transportation Economic Stability
Access to equitable preventive health care	Prevention
Behavioral health (including mental health and substance abuse)	Behavioral Health & Addictions
Adversity, trauma and toxic stress	Adversity, Trauma & Toxic Stress
Institutional Bias	Health Equity focus area

Coos County Community Health Improvement Plan (CHIP) 2019

Focus Areas for CHIP Development

Priority Areas, High-level strategies

Individuals & Families

Adversity, Trauma and Toxic Stress
Support efforts to mitigate trauma and increase resilience
Prevention
Support individual prevention services, including but not limited to chronic disease, healthy behaviors, early detection and screening

Health Equity
Inequities / gaps

Housing & Homelessness
Increase housing availability, increase quality and safety of housing and support projects that address homelessness
Food & Nutrition
Support efforts to decrease food insecurity and increase availability of healthy, nutritious food for all ages
Transportation
Support efforts to increase transportation options
Economic Stability
Support workforce development and employment programs
Increase knowledge about connection between income inequities and health

Access & Capacity
Health Care system

Access & integration of services
Support efforts to increase access to health services
Support continued integration of services across physical, behavioral health and oral health services
Behavioral Health & Addictions
Improve access, integration and delivery of behavioral health and addiction services
Support behavioral health and addiction prevention services

Community Outreach & Engagement
Community Engagement

Coordination, collaboration and communication
Increase coordination, collaboration and communication between organizations working toward improving health of the community

Focus Areas & Strategies

Focus Area: Community Outreach & Engagement
Priority area: Coordination, collaboration and communication

The 2018 CHA process and subsequent CHIP process was highly collaborative, with representation from multiple sectors, stake holder groups and community members. The process emphasized the need for collaborative planning as well as collaborative and coordinated implementation to truly improve the health of Coos County. The CHIP activities moving forward, including integration of multiple agency specific CHIP activities and metrics into the community wide CHIP will serve the function of continuing the collaborative spirit established during the 2018-2019 CHA CHIP processes.

Focus Area	*Priority Area*	*High-Level strategy*	*Indicators/outcomes to track progress**
Community Outreach & Engagement	Coordination, collaboration and communication	Increase coordination, collaboration and communication between organizations working toward improving the health of the community	number of shared CHIP activities and metrics across organizations Increase in organizations and sectors involved with CHIP steering committee collaborative CHIP steering committee activities and accomplishments/outcomes

Focus Area: Individuals & Families
Priority Area: Adversity, Trauma & Toxic Stress

Community Health Assessment data supporting this priority*
*See 2018 Coos County CHA for specific data points/sources

In alignment with the State Health Improvement Plan (SHIP) Adversity, trauma and toxic stress include abuse and neglect, living in poverty, incarceration, family separation and exposure to racisms and discrimination. Events such as these have a lifelong effect on health of individuals. A few notable data points in the CHA related to Adversity, Trauma and Toxic Stress are as follows:

- ***Nearly one in four youth in Coos County report being intentionally hit or physically hurt by an adult in 2017***
- ***Child abuse reports are trending up in Coos County***
- ***Coos County is the third highest county in the state for children in foster care***
- ***21% of the youth in the county are considered disconnected***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Individuals & families	Adversity, trauma & toxic stress	Support efforts to mitigate trauma and increase resilience	***Ace's metrics*** ***Number of organizations w/ti policies/procedures*** ***Number of aces trainers and workshops*** ***Child abuse reports*** ***Foster care numbers***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Individuals & Families
Priority Area: Prevention

Community Health Assessment data supporting this priority*
*See 2018 Coos County CHA for specific data points/sources

Prevention includes upstream efforts to contribute to overall well-being, screening and activities to address health behaviors. A few notable data points in the CHA related to prevention are as follows:

- ***Coos County has a high burden of hepatitis C virus which is related to risk factors such as using street drugs, multiple sex partners, blood exposure, injection drug use***
- ***Obesity rates are higher in Coos County than the state average and is trending up, over 30% of the county is considered to be obese***
- ***Sexually-transmitted diseases, including chlamydia and gonorrhea have been trending up since 2012***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Individuals & families	Prevention	Support individual prevention services, including but not limited to chronic disease, health behaviors, early detection and screening	***CCO metrics*** ***Preventive screenings*** ***Adults with no dental exam in last 12 months*** ***Preventable hospitalizations*** ***STD cases annually*** ***Obesity rates***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Health Equity
Priority Area: Housing & Homelessness

Community Health Assessment data supporting this priority*
*See 2018 Coos County CHA for specific data points/sources

People experiencing homelessness was listed as a significant concern in the 2018 CHA focus groups and surveys. A few notable data points in the CHA related to homelessness and housing are as follows:

- ***The number of homeless students by district is also increasing and trending up***
- ***37% of the population in the county are cost-burdened or are experiencing housing problems such as overcrowding or incomplete facilities***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Health Equity	Housing & homelessness	Increase housing availability, increase quality and safety of housing and support projects that address homelessness	***Homeless students by district*** ***Homeless point in timecount*** ***Housing quality: severe household problems*** ***Percentage of population are housing cost burdened***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Health Equity
Priority Area: Food & Nutrition

Community Health Assessment data supporting this priority*
*See 2018 Coos County CHA for specific data points/sources

Nearly one in four children in the county are food insecure, higher than the state average. Overall, residents of Coos County experience more food insecurity than the state as a whole. A few notable data points in the CHA related to food are as follows:

- ***Less than 15% of adults in the county consume at least 5 servings of fruits and vegetables a day, compared to 20% in the state as whole***
- ***One in four children under the age of 18 are food insecure in the county***
- ***Soda consumption is higher in adults in the county than in the state***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Health Equity	Food and Nutrition	Support efforts to decrease food insecurity and increase availability of healthy, nutritious food for all ages	***Child food insecurity percentage*** ***Access to healthy foods-food environment index*** ***Adults consuming at least 5 servings of fruits/vegetables a day***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Health Equity
Priority Area: Transportation

Transportation and limited public transit systems remain a challenge in the county, particularly for those with limited resources. The most affected are low-income individuals and families, people with disabilities and older adults. Transportation was a consistent concern in the CHA focus groups and surveys and data on transportation was listed as a gap and priority for future data collection.

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Health Equity	Transportation	Support efforts to increase transportation options	• ***Percent of people that use public transit to commute to work*** • ***Percent of people who bike or walk to work*** • ***Taxi vouchers*** • ***New rideshare programs***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Health Equity
Priority area: Economic Stability

Community Health Assessment data supporting this priority*
*See 2018 Coos County CHA for specific data points/sources

The average and median incomes are lower in Coos County than the state while poverty levels are higher in the county compared to state levels. A few notable data points in the CHA related to economic stability are as follows:

- ***One in three children in Coos County are living in poverty, higher than state percentages***
- ***The percentage of people living in poverty in the county is also higher, ranging 18-20%***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Health Equity	Economic Stability	Support workforce development and employment programs	***Percentage unemployed*** ***Income levels by county*** ***Poverty rates by county***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Access & Capacity
Priority Area: Access & Integration of Services

Community Health Assessment data supporting this priority

100% of people in the county are considered to be in a health service shortage area, trouble finding a provider was listed often as a barrier to care in the 2018 CHA focus groups and surveys. Access has increased since 2004 but continues to be a challenge. A few notable data points in the CHA related to access to access and integration of services are as follows:

- ***Over 62% the entire county population is enrolled in some kind of public insurance (Medicaid, VA or Medicare)***
- ***Coos County is considered a medically under-served area and a health professional shortage area for dental and mental health providers***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Access & capacity	Access & integration of services	Support efforts to increase access to health services Support continued integration of services across physical, behavioral health and oral health services	***Access to primary care physicians*** ***Population on public insurance coverage*** ***CCO metrics*** ***Access to dental providers***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Focus Area: Access & Capacity
Priority Area: Behavioral Health & Addictions

Community Health Assessment data supporting this priority*
*See 2018 Coos County CHA for specific data points/sources

Behavioral health, depression, suicide and substance abuse were top concerns in the 2018 CHA focus groups and surveys of community members. A few notable data points in the CHA related to behavioral health and addictions are as follows:

- ***The suicide rate for all ages has been on a solid increase trend since 2000 and considerably higher than the state rate***
- ***Coos County has higher rates of binge drinking, opioid prescribing rates and increased illicit drug use compared to state rates***
- ***Tobacco use in Coos County is also higher than neighboring counties and the state***

Focus area	*Priority area*	*High-level strategies*	*Indicators / outcomes to track progress**
Access & Capacity	Behavioral health & addictions	Improve access, integration and delivery of behavioral health and addiction services	***Suicide rate*** ***CCO metrics*** ***Referrals*** ***Adults-1 or more days poor mental health*** ***Access to mental health providers***

*possible indicators/outcomes, dependent upon what activities are chosen to support strategies & priorities. Most indicators come from data presented in the 2018 CHA.

Next Steps

The Coos County Community Health Improvement Plan outlines priorities, strategies and indicators of success to improve the health of individuals and the community at large. The next step in the CHIP process is to move from the planning process to implementation. This will begin by mapping and understanding what individual organizations and groups are already doing in the priority areas, so as not to duplicate efforts and to capitalize on successful efforts already happening in the community.

The second major step will be for the collaborative to determine governance about how to organize and report progress on the high-level strategies in the priority areas. The collaborative will determine if a core or steering committee is appropriate to implement and track progress, if dedicated staffing is appropriate and needed, who will convene meetings, how often the group will meet and who will facilitate meetings.

The confirmation of governance will be followed by developing annual action plans around each high-level strategy and priority area. As mentioned previously, some organizations such as the CCO, Local Public Health Department and hospitals have their own required CHIP activities and metrics, these organizations will need to be part of the conversations to integrate their activities into the community wide CHIP. Individual organizations and groups that are already working on the priority areas will evaluate the priority areas and high-level strategies, incorporate their current CHIP activities if they have them and develop their activities/action steps, process measures and identify the metrics or indicators of success.

For copies of the 2018 CHA or 2019 CHIP please contact Laura Williams, Advanced Health Director of Community Engagement, 541-269-7400, laura.williams@advancedhealth.com

Appendix

Acronyms

TI	Trauma Informed
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
SHIP	State Health Improvement Plan
ACEs	Adverse Childhood Experiences Study
STD	Sexually Transmitted Disease
CCO	Coordinated Care Organization