

OPTIONAL Checklist for Community Health Improvement Plan (CHP) Progress Report

Reporting period July 1, 2014 – June 30, 2015

This checklist is an **optional** supportive document CCOs can use to guide their compliance to the contract agreements. If this checklist is used, it can serve as the foundation for the progress report due June 30, 2015.

The language is taken from the CCO Contract Exhibit B #4 (pages 28-30). This document relates to “Guidance document for Community Health Improvement Plan (CHP) update” as found at <http://transformationcenter.org/cco-resources/?keyword=&filter=cac&sort=>.

(a.1.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for working with: *Check any partners below that have been included in CHA and CHP work:*

- Early Learning Council
- Youth Development Council
- Local Mental Health Authority
- Oral health care providers
- Local public health authority
- Community based organizations
- Hospital systems
- School health providers in the service area

Describe actions taken and/or barriers to work: **See attached report**

(a.2.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for coordinating the effective and efficient delivery of health care to children and adolescents in the community: *Check areas of focus for CHP work:*

- Base the CHP on research, including research into adverse childhood experiences
- Evaluate the adequacy of the existing school-based health center (SBHC) network to meet the specific pediatric and adolescent health care needs in the community and make recommendations to improve the SBHC system
- Improve the integration of all services provided to meet the needs of children, adolescents, and families
- Address primary care, behavioral and oral health, promotion of health and prevention, and early intervention in the treatment of children and adolescents

Describe actions taken and/or barriers to work: **See attached report**

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(a.3.) To the extent practicable, the contractor shall include in the CHA and CHP a strategy and plan for:
Contractor shall add to its CHP; *Check any partners below that have been included in CHA and CHP work:*

- School Nurses
- School Mental Health providers
- Individuals representing child and adolescent health services

Describe actions taken and/or barriers to work: **See Attached Report**

(b.) Contractor, with its CAC, shall collaborate with OHA Office of Equity and Inclusion to develop meaningful baseline data on health disparities. Resources: OEI Contact – Leann Johnson, Interim OEI Director, leann.r.johnson@state.or.us, 971-673-1287

Describe work with OEI: **See attached report and CHIP including the report section on Cognitive Edge narrative story collection.**

Contractor shall include in the CHA identification and prioritization of health disparities among Contractor's diverse communities, including those defined by the following. Contractor shall include representatives of populations experiencing health disparities in CHA and CHP prioritization: *Check any that apply*

- Race
- Ethnicity
- Language
- Disability
- Age
- Gender
- Sexual orientation
- Other factors in the service area

Describe engagement and representation of diverse communities: CPCCO Community Advisory Councils will continue to review and give advice on how to improve current policies and procedures that support communication, outreach and member engagement. CAC councils will also sponsor educational opportunities for each CCO community to learn about improving health and changing behaviors. See CPCCO's transformation plan for specific plans. See attached report.

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(c.) Contractor shall conduct the CHA and CHP so that they are transparent and public in process and outcomes. Contractor shall assure that the contents and development of the CHP comply with Section ORS 414.627.

Describe actions to meet this objective: The CHA and CHIP development process included multiple opportunities for the public to engage. All projects associated with the CHIP are, as appropriate, open to public involvement and support. All community advisory council meetings are open to the public with advance notice and agendas/summaries of the meetings are posted on the CPCCO website. See attached CHIP for details of the process.

(d.) The CHA and CHP adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities, and results achieved. The CHP may include, as applicable: *Check all that apply*

- Findings from the various community health assessments made available by OHA to Contractor
- Findings on health needs and health disparities from community partners or previous assessments
- Findings on health indicators, including the leading causes of chronic disease, injury and death in the Service Area
- Evaluations of and recommendations for improvement of school based health systems in meeting the needs of specific pediatric and adolescent health care needs in the community
- Focus on primary care, behavioral health and oral health
- Analysis and development of public and private resources, capacities and metrics based on ongoing CHA activities and population health priorities
- Description of how the CHA and CHP support the development, implementation, and evaluation of patient-centered primary care approaches
- Description of how the objectives of Health Systems Transformation and Contractor's Transformation Plan, described in Exhibit K, are addressed in the CHA and CHP
- System design issues and solutions
- Outcome and Quality Improvement plans and results
- Integration of service delivery approaches and outcomes
- Workforce development approaches and outcomes

Describe actions taken and/or barriers to work: **See attached report**

(e.) The CHP shall identify the findings of the CHA and the method for prioritizing health disparities for remedy. Contractor shall provide a copy of the CHP, and annual progress reports to the CHP, to OHA June 30 of each year.

Deliverable: CHP progress report due to David Fischer at DMAP by June 30, 2015.

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(f.) Adopt a comprehensive local plan for the delivery of local mental health services for children, families, adults and other adults that describes the methods by which the LMHA will provide those services.

Describe actions to meet this objective, if applicable, may reference another CCO related report or document.
N/A

COLUMBIA PACIFIC COORDINATED CARE ORGANIZATION

CPCCO CHIP Annual Update



By: Nancy Knopf, MSW

6/30/2015

Contact Nancy Knopf for questions related to this document. Nancy Knopf, MSW, Community Health Partnership Manager, (d) 503-416-5953, (c) 503-475-4420

Introduction

In 2013-2014 Columbia Pacific Coordinated Care Organization (CPCCO) brought together stakeholders from diverse sectors to give advice on, and direction for, creating a community health improvement plan. The planning process resulted in a regional community advisory council choosing three health priorities that CPCCO would focus on to support the improvement of health outcomes in the CPCCO service region for the next three years.

Using data from County Health Rankings as a baseline to measure work towards our health priorities and associated goals, the following document is an update regarding the activities CPCCO has collaboratively engaged in to work towards improving health outcomes in our service region.

The following data summary of health and wellbeing is derived from a population health model that emphasizes the many factors that, if improved, can help to make communities healthy places to live, learn, work and play.

The Robert Wood Johnson Foundation sponsors County Health Rankings. By using multiple data sources, such as the National Vital Statistics System (NVSS), Behavioral Risk Factor Surveillance System (BRFSS) and the American Community Survey, County Health Rankings provides data at the county level regarding health outcomes and the factors that create health. The majority of the 2014 data was compiled from 2008-2010 data sets. The 2015 data is from 2010-2012.

Nationally, Oregon ranks number 12 out of the 52 states for health outcomes and the factors that create health. (Americas Health Rankings United Health Foundation, 2015)

Health Outcomes: Indicators; Years of potential life lost before age 75, percentage of adults reporting fair or poor health, average number of physically unhealthy days reported in past 30 days, average number of mentally unhealthy days reported in past 30 days, percentage of live births with low birthweight.

Overall Rank of 33 Counties			Length of Life		Quality of Life	
County	2014	2015	2014	2015	2014	2015
Clatsop	15	24	16	25	11	16
Columbia	17	20	15	14	26	29
Tillamook	23	23	21	21	25	19

Source: (County Health Rankings, 2014:2015)

Health Factors: Indicators; *Health Behaviors*; smoking, obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol impaired driving deaths, sexually transmitted infections, teen birth. *Clinical Care*; uninsured, primary care physicians, dentists, mental health providers, preventable hospitals, diabetic monitoring, mammography screening. *Social and Economic Factors*; High school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime, injury deaths. *Physical Environment*; Air pollution-particulate matter, drinking water violations, severe housing problems, driving alone to work, long commute-driving alone.

Overall Rank of 33 Counties	Clinical Care		Health Behaviors		Social Economic Factors		Physical Environment			
County	2014	2015	2014	2015	2014	2015	2014	2015		
Clatsop	16	12	29	30	13	12	10	8	26	32
Columbia	13	12	19	10	15	15	9	6	30	33
Tillamook	15	12	25	26	19	21	6	9	32	31

Source: (County Health Rankings, 2014:2015)

The goal of the CPCCO Community Health Improvement Plan (CHIP) is to use the data to address the social determinants which lead to poor community health outcomes. The long-term goal is to create opportunities for shared ownership of the health of the community between the CCO, hospitals, public health agencies, behavioral health agencies and other stakeholders including the members of the CPCCO health plan.

There are three health priorities in CPCCO’s CHIP with associated goals to reduce or improve the rate or trend of the priority:

Health Priority: Obesity

Goal 1: Decrease the rate of low-income residents that are unable to access healthy foods.

Goal 2: Decrease of the current upward trend of obesity in the CPCCO service area.

Health Priority: Mental Health

Goal 1: Reduce and prevent youth and adult suicide attempts.

Goal 2: Better educate the community about the resources for mental health services.

Health Priority: Substance Abuse

Goal 1: Decrease youth and adult substance abuse

Goal 2: Increase the public’s awareness of the risk of substance abuse and the long term health effects of the abuse of alcohol, drugs, and tobacco.

CPCCO Community Health Partnerships

CPCCO created opportunities for community health partnerships through the use of our CCO-designated Community Wellness Investment funds. (CWIF) While some of the funds were granted to single agencies working towards goals that supported the CHIP, several projects are collaborations among multiple community stake-holders. All grant applications were reviewed and rated by Community Advisory Council members. These recommendations were given to the CPCCO Board of Directors Finance Committee.

The following is a summary of plans and activities CPCCO has begun to develop or supported in 2014/2015 that address identified goals and strategies in the Community Health Improvement Plan.

Early Learning Council:

Columbia Pacific Coordinated Care Organization (CPCCO) has signed a Declaration of Cooperation with the Northwest Early Learning Council (NWELC). In addition to supporting the shared vision, purpose/mission, equity lens, goals and strategies of the NWELC, Columbia Pacific CCO is committed to success of the NWELC by participating in the following ways:

- Facilitate appropriate sharing of CPCCO member enrollment and primary care clinic assignment data.
- Educate CPCCO primary care providers about the Early Learning Hub, the Family Resource Manager role and the interface with primary care.
- Assist with primary care provider training, especially related to START and childhood trauma.
- Assist with development of revised workflows from the NWELC ASQ Process Map into primary care.
- Partner to the extent possible in the six NWELC Hub initiatives; Parent engagement, Multi-Mod Preschool Exams, Early Literacy, Therapeutic Service/Mental Health, ASQ Outreach, Kinder Camps.

NW Regional Education Service District:

NWRESD was awarded a CPCCO Community Wellness Investment Fund (CWIF) grant to help support the Clatsop County Kinder Ready P-3 early childhood health clinic for children 0-3 years. Staffed by local volunteers from the health care community, the two day clinic provided a one-stop experience which included developmental screenings, hearing and vision exams, nutritional counseling, medical exams and more. This clinic was open to all children in Clatsop County 0-3 regardless of insurance or citizenship status. The results of the initial evaluation generated referrals to appropriate community resources that helped to assist the family and/or child in areas of concern. The coordinator for the P-3 Alignment work provided consultation for two additional health clinic events that will be held in Columbia County. (The second Columbia County event will not occur until September, 2015).

Local Mental Health Authority:

Columbia Community Mental Health was awarded a CPCCO Community Wellness Investment Fund grant to support work towards meeting CHIP goals in the area of improving mental health. Grant funds supported the goal of reducing stigma about the signs and symptoms of mental illness by using a suicide prevention and intervention curriculum. The funds were used to provide ASIST, QPR and RESPONSE trainings throughout the Columbia County school districts for early childhood staff, youth, adults, community partners, and parents of school age children. The goal is to evaluate the number of people trained and their plans to use ASIST, QPR or RESPONSE as a resource for helping them to talk with their peers about suicide and mental illness.

Community Organizations:

North Coast Prevention Works Coalition was awarded a CPCCO Community Wellness Investment Fund (CWIF) grant to support work towards meeting CHIP goals in the area of reducing substance abuse. The Coalition is working on a Positive Community Norms campaign project designed to decrease youth substance abuse and increase public awareness of the incidence of substance abuse in Clatsop County. It will implement an evidence based approach to health promotion that has a demonstrated track record of changing perceptions, attitudes and behaviors related to youth alcohol consumption.

Food Roots, a community organization whose mission is to cultivate a healthy food system for Oregon's north coast communities, is using CWIF funds outreach and engage low-income community members in a Seed to Supper garden trainings to increase their ability to produce and access local fruits and vegetables. Tillamook County has a goal of increasing their network of community gardens, food resources and access to opportunities to increase awareness of healthy eating.

Support, Advocacy, Freedom and Empowerment (SAFE) of Columbia County, located in Columbia County, provides services throughout Northwest Oregon, and is a network of safe-homes providing refuge for survivors who are homeless due to domestic violence, sexual assault and stalking. SAFE was awarded CWIF to funds provide evidence-based, violence prevention education to students in schools, and for community partners. The goals of the project are to reduce dating and sexual violence victimization among teens. This intervention provides youth with education on the warning signs of abuse, ways for bystanders to interrupt potentially violent behavior, and resources for survivors so that they may take advantage of the services that they need.

Public Health:

To support addressing substance abuse and the CHIP goal of decreasing the use of tobacco among pregnant women, CPCCO partnered with Tillamook County Health Department Family Health Centers to identify pregnant women and teens at risk for poor health or birth outcomes through the health department's Home Visiting Collaborative. This collaborative includes Healthy Families, ESD, WIC, Head Start, TFCC, Public Health Nurses and primary care providers seeks to decrease tobacco use among pregnant Medicaid enrollees by 10% by 2016. Additionally, CPCCO is in the planning stages to develop a pilot project attached to the Tillamook County Health Department. Care Message is a text messaging

best practice that can be used to reduce the use of tobacco. Any Medicaid members assigned to the health department will be eligible to participate in this program.

Hospitals:

In partnership with Providence Seaside Hospital, Columbia Memorial Hospital, Sunset Empire Parks and Recreation, Clatsop County Chart Collaborative and the National Park service, CPCCO is sponsoring an Rx for Play pilot project. The goal is to increase physical activity for at-risk residents of Clatsop County by having physicians and medical providers prescribe playtime. Participants will receive a one-year pass to local national and state parks, a punch pass for activities in one of the recreation districts and a guide to free local activities. Attached to this is a commitment to recruit 45 Oregon Health Plan Members to be part of a pilot project that provides wrap around wellbeing services including; fitness access, fitness tracking, health coaching and mental health services to improve total wellbeing as measured by the Heathway’s Wellbeing Assessment.

Tillamook Education Series:

In partnership with many community organizations including the Tillamook Regional Hospital, the Tillamook Community Advisory Council has developed and is sponsoring a series of community education events called The Amazing Brain. This project supports the CHIP goal of increasing the public’s awareness of the risk of substance abuse, the long term health effects of the abuse of alcohol, drugs, tobacco, and to better educate the community about the resources for behavioral health services. The focus is to better support healthy brains and minds, and to provide a community forum to identify projects the Community Advisory Council could support during the Tillamook County 2016 Year of Wellness. The Amazing Brain Series will conclude in August 2015 with participation in the Huckleberry Health Fair.

Using the trauma informed perspective as the framework, this community education series includes local community members who work closely at the community level with people who experience health issues related to mental health problems (trauma). Community members attending the event are asked to share and experience or an idea as to what might be done to address the improvement of brain health and wellbeing in Tillamook County.

A graphic recorder has joined each session to document the conversation:



Additionally, representatives from the Strategic Advisory Council have attended a workshop where they are learning to use predictive modeling software that will help them create a business plan for investments in health and to identify return on investment over the next twenty five years as they identify health initiatives to sponsor.

ACE'S and the Trauma Informed Perspective:

CPCCO and the local Community Advisory Councils support the development of services that promote improving the community's awareness of the effects of adverse childhood experiences and activities that promote resilience. The Amazing Brain series addresses these issues and engages community members in identifying specific activities that support improving the resiliency of the community.

The Warrenton-Hammond school district in Clatsop County has begun discussions with CPCCO to support their schools to become trauma informed. This project, in the early stages of development, will partner with the schools, Greater Oregon Behavioral Health Inc.'s, Clatsop Behavioral Health and other community stakeholders to facilitate the Warrenton-Hammond school district to have trainings that improve the knowledge and awareness of trauma. The current goal is to identify resources needed to accomplish the goal of developing a service system that can accommodate the individuals who experienced trauma and deliver services in a manner that avoids inadvertent re-traumatization and facilitates their participation in treatment.

CPCCO Board of Directors Strategic Plan:

In June of 2015 Columbia Pacific CCO Board of Director reviewed and approved the Columbia Pacific CCO Five Year Strategic Plan. The plan includes goals, strategies and measures in the following areas: community integration, clinical interventions, health integration, workforce development and finance. This plan will set a direction by the Board, with data, structure, resources and focus, to help all stakeholders in health transformation, especially the communities.

CPCCO's five goals with associated strategies support the development of investment in cost-effective CHIP-guided prevention and interventions that address the social determinants of health at the community level. This plan supports community advisory council ownership of the CHIP priorities and invests in applying best practices that support the long term return on investment at the community level, including social return on investment, and the measurement of activities that address the root causes of the social determinants of health.

Cognitive Edge Narrative Story Project:

CPCCO is committed to the development of data sources that are participatory in process and value the voice of the community. Using narrative research methodology, CPCCO conducted a survey where both qualitative and quantitative data was collected from survey respondents sharing personal experiences and observations about health related events in their lives.

In the spring of 2014, using a narrative research methodology called SenseMaker, 300 narrative stories were collected in the CPCCO service area. Collection sites utilized existing relationships between CPCCO

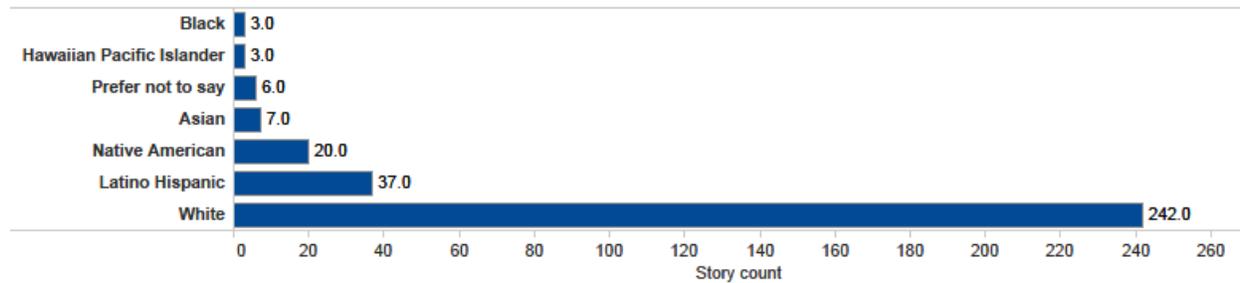
and the community. Collections sites included: local health clinics, community mental health, community action teams, WIC, senior centers, DHS, parks and recreation, food pantries and homeless shelters. To better sample the Latino community, additional stories were collected at the Lower Columbia Hispanic Councils Cinco de Mayo celebration in Astoria.

Project objectives were to identify what types of collaborative programs or activities CPCCO and its partners could undertake to positively impact health of all CPCCO members. The focus was on what the largest challenges were for our members to be healthy, the current perceptions of health equity in the Latino population, and what examples people could share about well-being.

Four key challenges emerged from the story data: cost as a barrier; needing help mentally, spiritually, emotionally; needing a large change with eating right and exercising; and needing health care but giving up on getting it.

There was intention to collect a representative sample from the Latino population that we were unable to reach during this project. Of the 300 experiences that were collected, about 12% were from Latinos/Hispanics. This pilot project will be scaled to be used for data collection in 2016 with a focus on collecting narratives from minority community members.

race ethnicity



Black, Hawaiian Pacific Islander, Prefer not to say, Asian, Native American, Latino Hispanic and White. Details are shown for Black, Hawaiian Pacific Islander, Prefer not to say, Asian, Native American, Latino Hispanic and White. The data is filtered on stones2\$ _Stone Num and Stone Num. The stones2\$ _Stone Num filter keeps 1. The Stone Num filter keeps 1.

Resources

Americas Health Rankings United Health Foundation. (n.d.). Retrieved from www.americashealthrankings.org

County Health Rankings. (2014:2015, June 29). *Oregon*. Retrieved from County Health Rankings: www.countyhealthrankings.org