



Community

Health



Improvement

Plan



Cascade Health Alliance, LLC

2014

Community Health Improvement Plan

Cascade Health Alliance



Klamath Falls, Oregon

2014

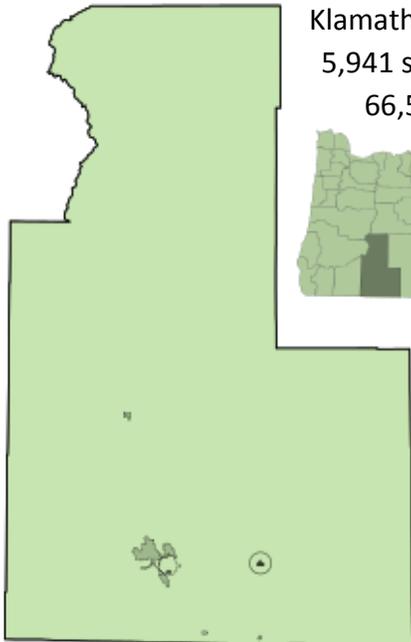
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Introduction and Background

A community health assessment was performed in 2013 with a collaborative group of organizations that included Cascade Health Alliance, Klamath County Public Health, Sky Lakes Medical Center, and Klamath Health Partnership. These organizations came together under the name Healthy Klamath and included various other community partners, as well. This collaborative was the first of its kind to formally assess and document the health of the Klamath County community utilizing a coordinated and collaborative process.

The primary goal of the Community Health Assessment was to better understand the health of the community, its underlying determinants and develop local strategies to address our community's specific needs and priority issues. Secondary data was gathered through the Healthy Communities Institute and can be viewed at www.HealthyKlamath.org. A series of key informant and stakeholder interviews were performed. Community focus groups and health surveys were performed. Even door to door interviews by the OHSU School of Nursing students in the community added qualitative data.



Klamath County is a geographically large county in Southern Oregon and spans over 5,941 square miles, making it the fourth largest county in Oregon. It is home to 66,580 residents, with approximately 21,000 residents residing within the city of Klamath Falls and an additional 25,000 residents residing within the urban growth boundary. The population centers are Klamath Falls, Merrill, Malin, Chiloquin, and Bonanza. Because of its geographic size, access to health care for many Klamath County residents is challenging.

Klamath County has struggled economically for many years and has a high rate of poverty. The median household income for Klamath County residents is significantly lower than the state average and many residents continue to struggle with unemployment.

Klamath County Demographic Data

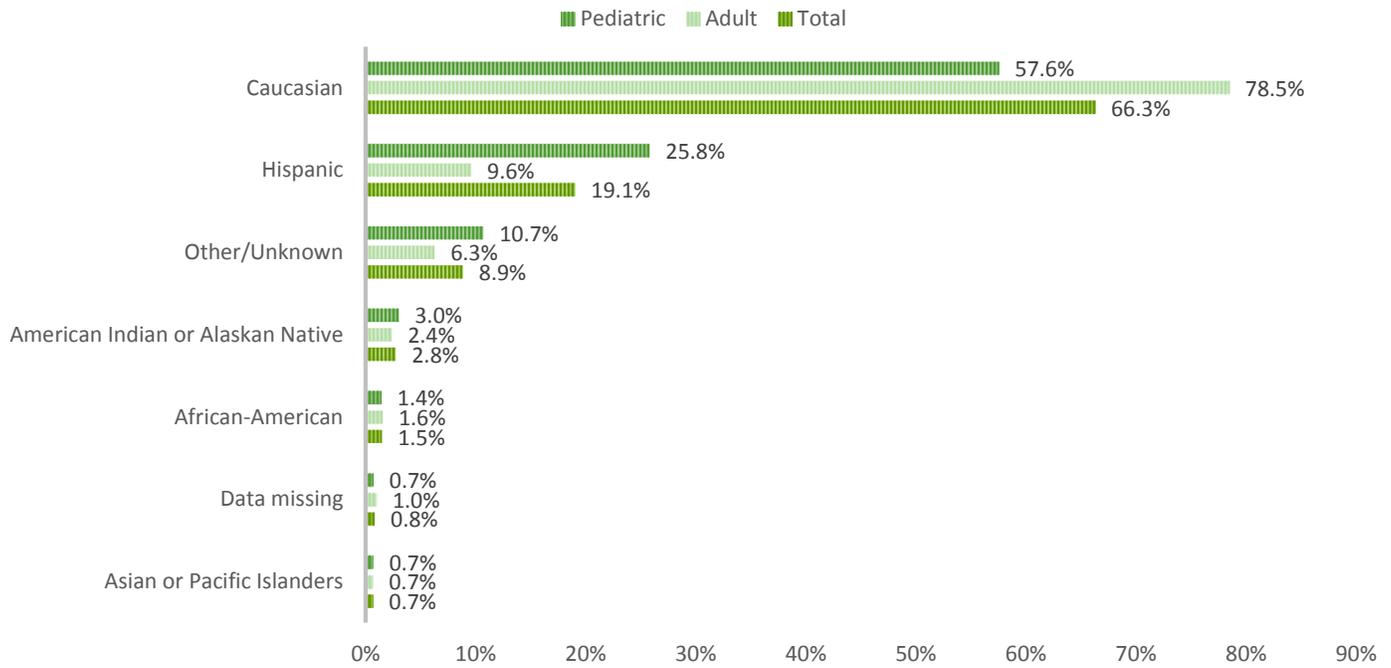
Klamath County has shown a slight decrease in its population but the percentage of older residents is growing. The county's population consists primarily of those who identify as White/not Hispanic; however, the population is becoming more diverse with a growing Hispanic/Latino community. Those who identify as American Indian Alaska Native make up 4.4 percent of the total population.

Information was obtained from the Office of Equity and Inclusion regarding race, ethnicity and language of Cascade Health Alliance members: it was identified that approximately 25% of the children on the plan identify as Hispanic and almost 10% of the children on the plan are in Spanish-speaking families.



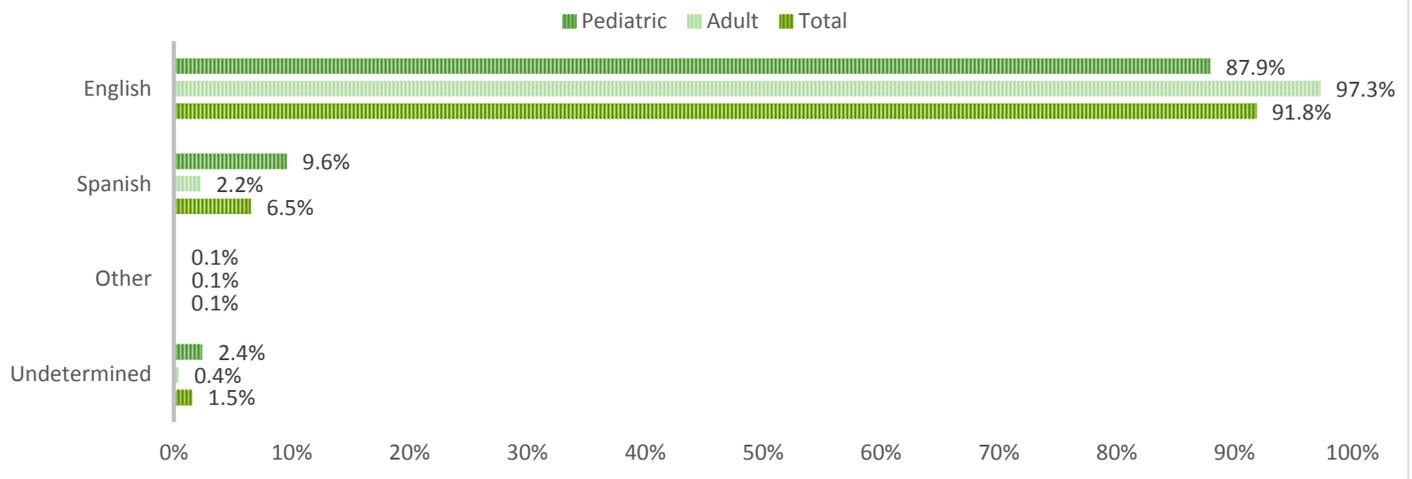
Crater Lake

RACE/ETHNICITY DIVERSITY BY AGE GROUP



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LANGUAGE DIVERSITY BY AGE GROUP



Cascade Health Alliance was the last CCO established in Oregon in September 2013. They provide health care to the majority of Klamath County Medicaid residents. Despite its many challenges, Klamath County has a strong network of community members who are committed to improving the health and wellbeing of its residents and support Cascade Health Alliance (CHA) as they provide for the health needs of over 16,000 members.

Community Advisory Council and Partnering Organizations

The Community Advisory Council consists of 13 members with representation from consumers, caregivers and partnering organizations. Efforts were made to reach out and include representation on the CAC from communities experiencing disparities. The process of evaluating the Community Health Assessment and Community Health Improvement plan included:

- Local providers,
- Patient-Centered Medical Homes,
- The hospital system,
- Transportation systems,
- The local mental health authority,
- The youth development center,
- The Health Equity Coalition,
- The health department,
- Cascade Health Alliance Members, and
- Many others.

Process

The CAC members reviewed and reassessed the data and priority areas identified by the Healthy Klamath collaborative group in the broader Community Health Improvement Plan. New data specific to Cascade Health Alliance was obtained to tailor the improvement plan to the needs of Oregon Health Plan consumers. The CAC members determined that the Community Health Assessment had developed meaningful baseline data on health disparities and this baseline data was used to guide the prioritization process outlined below.

Key focus areas were reviewed and additional community members were invited to participate and meet with the CAC. Three priority areas emerged and sub-committees were formed to develop high level goals, objectives, community partners and strategies.

The priority areas are:



Healthy Eating and Active Living



Social and Mental Well-Being



Transportation

Our plan for each priority area is included in this document.

Priority Health Issue: Healthy Eating and Active Living

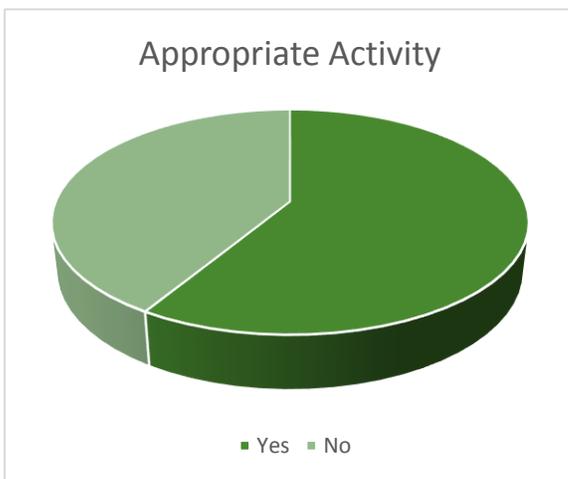
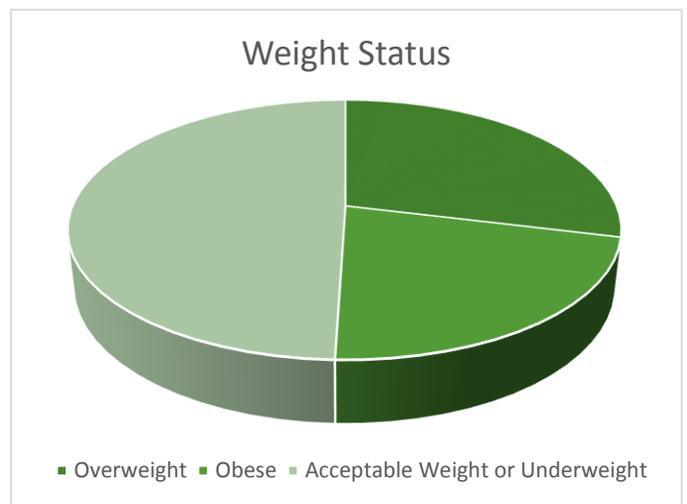


Goal

To promote healthy active lifestyles and improve health outcomes and quality of life

Background

There are many people with poor health and chronic disease in Klamath County. The Community Health Assessment found that the leading causes of death in Klamath County are heart disease, cancer, chronic lower respiratory disease, stroke and diabetes. Klamath County has a high prevalence of modifiable health behaviors that contribute to the development of chronic disease when compared to other counties in Oregon. The presence of obesity and overweight in adults on the Oregon Health Plan in Klamath County is also significant. Low levels of physical activity and unhealthy diets contribute to chronic disease and modifying these behaviors has the potential to impact the health of the community in a significant way.



In Klamath County, 60.6 percent of individuals are obese or overweight (34.6 percent overweight, 26.0 percent obese). About half (58.7 percent) of Klamath County residents meet the minimum physical activity suggested. Goals for improving health would center around increasing the number of Cascade Health Alliance members and Klamath County residents engaging in physical activity daily, reducing the number of CHA members with an elevated BMI. Using evidence-based chronic disease self-management programs and interventions such as Living Well with Chronic Disease can reduce the number of people living with uncontrolled chronic disease.

The Community Advisory Council has two main goals for addressing this priority health issue: increasing physical activity in Klamath County, and providing better support for people living with chronic disease. The table below describes our plan to achieve the goals.

<i>High Level Strategy/Goal</i>	Objectives	Community Partners	Timeline	Future Opportunities
<p><i>Physical Activity</i></p> <p><i>Increase the number of members engaging in regular physical activity</i></p>	<ol style="list-style-type: none"> 1. Create easy access to fitness clubs and healthy eating classes for CHA members 2. Sponsor fitness club memberships for plan members. 3. Make flex funds easily accessible and available to members and providers. 4. Develop communication strategies to reach out to members and providers with these opportunities 	<ul style="list-style-type: none"> • YMCA • Other Fitness Clubs • Extension Service 	<p>Early 2015</p>	<ul style="list-style-type: none"> • Outreach to outlying areas • Parent/Family groups to target healthy activity for kids and parents • Map fitness clubs within walking distance of the most members • Work with Healthy Klamath on the development of a recreation district and director that will assist in community-wide active recreational opportunities
<p><i>Chronic Disease</i></p> <p><i>Support people living with chronic illness and disease to be empowered and engaged in their health</i></p>	<ol style="list-style-type: none"> 1. Partner with community organizations to sponsor the evidence-based program “Living Well With Chronic Disease” in Klamath Falls 2. Explore having the coordination of this program occur through Cascade Health Alliance 3. Review race/ethnicity data to understand disparities in communities of color 	<ul style="list-style-type: none"> • Public Health • Sky Lakes • OSU Extension Service 	<p>2015</p>	<ul style="list-style-type: none"> • Maintain Certified trainers in our community • Identify an organization to house a Program Coordinator • Outreach and incentives to members participating • Explore ideas related to cultural choices in food and potential risks and opportunities for improvement in chronic disease care in different populations

Priority Health Issue: Social and Mental Well-Being

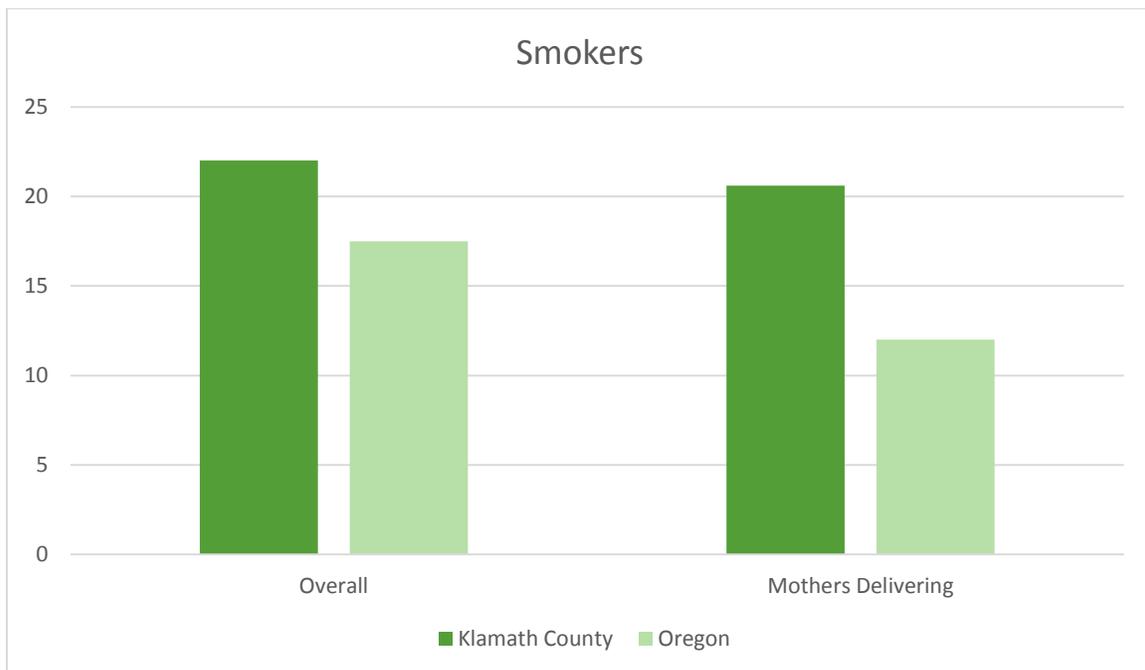


Goal

Improve access to mental health services and resources that help people in Klamath County live a healthy, addiction-free life

Background

The community health assessment identified high rates of tobacco abuse and substance abuse and need for more access and collaboration within mental health services. In particular, high rates of tobacco use were identified in pregnant women. Fragmented care and lack of communication was identified between health care providers, human service providers and mental health providers.



In Klamath County, 22% of all adults currently smoke cigarettes compared with just 17.5% in the rest of Oregon. Of the babies born in Klamath County, 20.6 percent were born to mothers who used tobacco during their pregnancy (compared with just 12% in the rest of Oregon). Tobacco use during pregnancy is associated with low birth weight in babies, along with other complications.

<i>High Level Goal</i>	Objectives	Community Partners	Timeline	Future Opportunities
<i>Reduce tobacco use, particularly in pregnant women, and increase quit attempts</i>	<ol style="list-style-type: none"> 1. Present official Ask, Advise, Refer policy to clinics. Offer implementation training and assistance 2. Provide clinics with education and referral materials for patients 3. Set up referral system for Quit Line and Freedom from Smoking classes 4. Provide clinic training on effective referrals 	<ul style="list-style-type: none"> • Klamath County Public Health • Cascade Health Alliance providers and clinic staff 	<ul style="list-style-type: none"> • Materials distributed by February 2015 • Training completed by May 2015 	<p>Explore embedding Ask, Advise, Refer into electronic health records so create cascading windows, which helps prove meaningful use of EMR</p> <p>Explore data on tobacco use in communities of color</p> <p>Provide materials and classes in alternate languages</p>
<i>Improve communication and collaboration between mental health providers, human service providers, and primary care providers</i>	<ol style="list-style-type: none"> 1. Communication agenda item for meeting of mental health and CHA case workers 2. Initiate KBBH PCP Coord. attendance 3. Organize meeting with stakeholders and facilitate conversations about what information can be shared, what is needed, and how to improve communication and collaboration 	<ul style="list-style-type: none"> • Developmental Disabilities • Aging and People with Disabilities • Primary care providers • Department of Human Services • Community Corrections 	<ol style="list-style-type: none"> 1. Agenda item added by January 2015 2. PCP coordinator to begin attending meetings in January 2015 3. Stakeholder meeting organized by June 2015 and completed by September 2015 	<p>Expand regular participation at this meeting to include other key players identified at the stakeholder meeting</p> <p>Review services for cultural and language appropriateness in communities of diverse races and ethnicities; support improvements in these areas</p>

<p><i>Identify resources for training caregivers of people with mental, behavioral, and/or developmental disabilities</i></p>	<ol style="list-style-type: none"> 1. Research local organizations that may already provide this type of training (e.g. NAMI) 2. Conduct informative interviews with stakeholders to learn about their needs as caregivers and get insight from professional service providers 3. Promote training for caregivers of people with mental, behavioral, and/or developmental disabilities 	<ul style="list-style-type: none"> • Developmental Disabilities • NAMI • Caregivers • Klamath Basin Behavioral Health • Aging and People with Disabilities 	<ol style="list-style-type: none"> 1. Begin meeting with stakeholders in March 2015 2. Seek out and identify trainers or training curricula beginning May 2015 	<ul style="list-style-type: none"> • Seek out a train the trainer curricula • Create support and resource network for caregivers
<p><i>Coordinate case management and resource navigation for Cascade Health Alliance clients</i></p>	<ol style="list-style-type: none"> 1. Create resource directory 2. Evaluate Case Management Coordinator position to ensure case manager training and knowledge of resources 3. Research and/or create curriculum for case managers, community health workers, and navigators 	<ul style="list-style-type: none"> • Organizations providing case management • Social services organizations • Local coalitions (e.g. Healthy Klamath) • Local community service organizations (e.g. churches, Rotary, Kiwanis) 	<ol style="list-style-type: none"> 1. List of resources to be completed by December 2015 2. Research case management training curricula starting April 2015 3. Talk with CHA case managers and case managers in partner organizations about current training and resource coordination starting May 2015 	

Priority Health Issue – Transportation

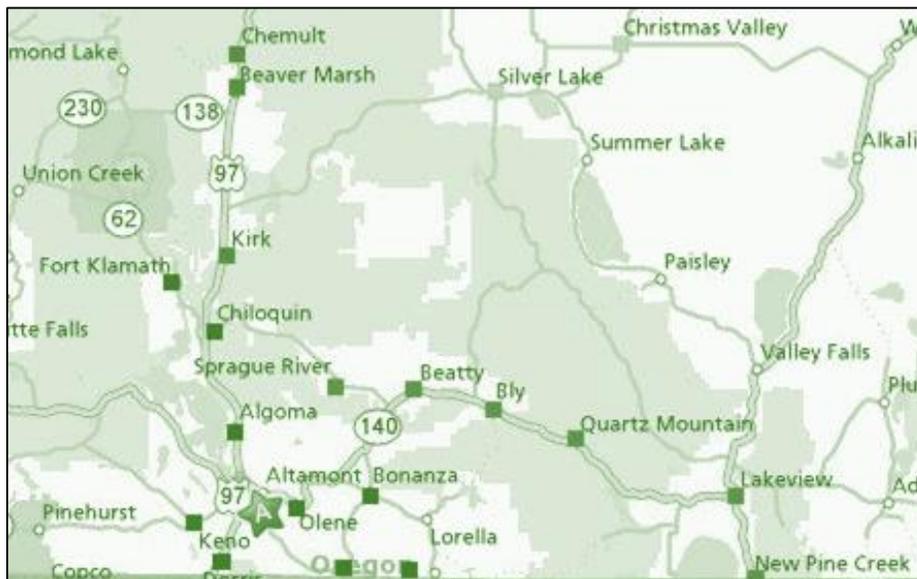


Goal

Increase the availability and use of safe, healthy, convenient and affordable transportation essential to accessing resources and services that support health

Background

Transportation is a barrier to health for many members of our community. In Klamath County, transportation barriers are exacerbated by limited public transportation options and long travel distances. Some of our community's most vulnerable members are those who are most impacted by this issue.



Fortunately, CHA covers medical transportation for their members. This covered benefit was utilized by only **2.18%** of CHA members in August 2014. Unfortunately, this covered benefit can only provide transportation to and from Medicaid covered services. Recognizing that transportation to non-covered services is an important component of a healthy life, **the subcommittee is exploring the following ideas:**

<i>High Level Strategy</i>	Objectives	Community Partners	Timeline	Future Opportunities
<i>Increase awareness of CHA transportation benefit</i>	<ol style="list-style-type: none"> Publicize transportation benefit on CHA website. Implement newly identified communication strategies targeted at both members and providers 	<ul style="list-style-type: none"> CHA Sky Lakes, primary care providers Community Clinics Human Services organizations 	<ol style="list-style-type: none"> By 12/2014 By 9/2015 	Expanded use of transportation services and potential expansion of capacity
<i>Understand barriers to utilizing transportation benefit</i>	<ol style="list-style-type: none"> Create a member assessment or survey analyzing barriers to use of transportation benefit and evaluate opportunities for improvement and areas of strength. 	<ul style="list-style-type: none"> TransLink CHA members Local medical, mental, and dental health providers 	By 6/2015	<ul style="list-style-type: none"> More use of transportation benefit New objectives, opportunities for improvement Evaluation
<i>Improve transportation options to non-traditional health services and/or locations</i>	<ol style="list-style-type: none"> Identify partners that need to “be at the table”. Explore potential opportunities for collaboration with other organizations. Explore and expand on opportunities to utilize new health workers to provide transportation and health care navigation. 	<ul style="list-style-type: none"> Regional Health Equity Coalition Basin Transit Service Healthy Klamath Sky Lakes Public Health Klamath Basin Behavioral Health CARES Klamath Open Door Organizations with health navigators 	<ol style="list-style-type: none"> By 7/2015 By 10/2015 	Support for non-medical transportation “Health navigator” positions
<i>Streamline transportation benefit</i>	<ol style="list-style-type: none"> Work collaboratively with TransLink to modify authorization processes to ensure members are able to receive a mode of transportation that is useable, safe, and efficient for them. 	CHA members, local medical, mental, and dental health providers, Aging and People with Disabilities, Department of Human Services, TransLink	By 7/2015	Improve transportation benefit, accessibility and coverage options

Next Steps

The Community Advisory Council identified the need for improved communication strategies with Cascade Health Alliance members. Continued work to reach out and assess progress and strategic interventions in these priority areas through focus groups, surveys and member input will be essential.

The community health improvement plan will allow Cascade Health Alliance to coordinate and collaborate with community partners in strategic ways. Many health challenges remain and many opportunities to improve exist. This document is designed to help direct the resources and focus of Cascade Health Alliance as it works with others. Continued partnership with the efforts of the Healthy Klamath partners will be important. These documents and priorities will need to be dynamic as new health issues and priorities emerge over time. The Community Advisory Council will strive to serve as an engaged resource for community members' priorities and Cascade Health Alliance members to voice their concerns and ideas.

New strategies and partnerships will be sought with an increasing role with the newly forming Health Equity Coalition. New work is beginning with school-based health partnerships and until these are formed, work will begin to reach out to the school health nurses.

All Community Advisory Council Meetings are open to the public and public comment is invited; further work will be done to reach out to the community for further engagement with the possibility of holding community forums at alternate times and sites.