



Columbia Pacific CCO

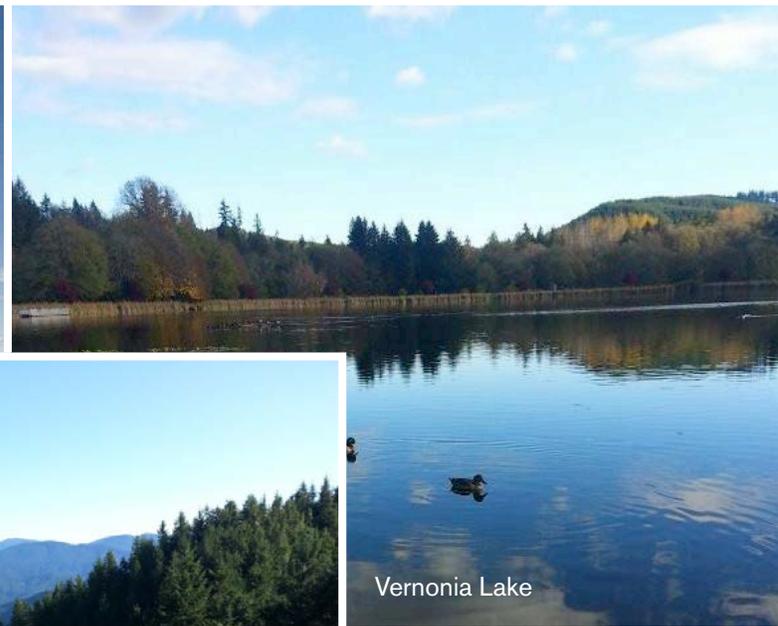
Columbia Pacific Coordinated Care Organization:

Regional Community Health Improvement Plan | 2014

Creating Health Together



Clatskanie



Vernonia Lake



Tillamook State Forest



Dunes Recreation Area



Astoria

Table of Contents

Acknowledgements	3
Introduction	4
Description of Needs Assessment Process:	5
Priority Health Issue: Obesity	7
Situational Analysis: Why this is a concern?.....	7
A. Obesity	7
Clatsop County	8
Columbia County.....	9
Tillamook County.....	9
Reedsport area of Douglas County.....	10
Latino Community.....	10
B. Nutrition	11
Best Practices	12
Opportunities for Health: (Three year goals)	13
Goal 1: Decrease the rate of low-income residents that are unable to access healthy foods.....	13
Goal 2: Decrease of the current upward trend of obesity in the CPCCO service area.....	13
Action Steps for Community Health	13
Assessment.....	13
Outreach and Education.....	13
Participation in Policy and Planning Processes.....	14
Partners	14





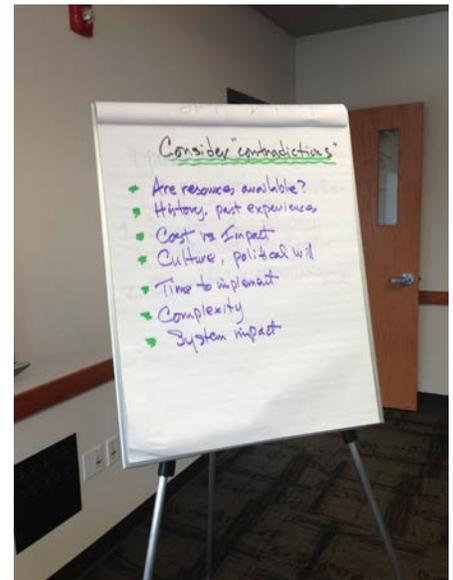
Priority Health Issue: Mental Health	16
Situational Analysis: Why this is a concern?.....	16
Clatsop County.....	19
Columbia County.....	20
Tillamook County.....	20
Reedsport area of Douglas County	21
Latino Community.....	21
Best Practices	21
Opportunities for Health: (Three year goals).....	22
Goal 1: Reduce and prevent youth and adult suicide attempts.	22
Goal 2: Better educate the community about the resources for mental health services.	22
Action Steps for Community Health.....	23
Assessment.....	23
Outreach and Education.....	23
Participation in Policy and Planning Processes.....	23
Partners.....	24
Priority Health Issue: Substance Abuse	25
Situational Analysis: Why this is a concern?.....	25
Clatsop County.....	30
Columbia County.....	30
Tillamook County.....	31
Reedsport area of Douglas County.....	32
Latino Community.....	32
Best Practices	33
Opportunities for Health: (Three year goals).....	33
Goal 1: Decrease youth and adult substance abuse.	33
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.	33
Action Steps for Community Health.....	34
Assessment.....	34
Outreach and Education.....	34
Participation in Policy and Planning Processes.....	34
Partners.....	35
References.....	36

Acknowledgements

Columbia Pacific Coordinated Care Organization would like to thank the individuals and community partners who generously shared their time and expertise to collaborate on the development and completion of the Community Health Assessments and the work which resulted in the creation of this Community Health Improvement Plan.

Without the support of the local Community Advisory Councils in Clatsop, Columbia and Tillamook Counties, the Reedsport area of Douglas County, the Regional Advisory Council, and the Columbia Pacific Board of Directors, the creation this Community Health Improvement Plan would not have been possible.

CPCCO gives special thanks to AmeriCorps® VISTA, Jaclyn Testani, who spent countless hours collecting, assembling and analyzing stories and other data about the factors that influence health and well-being in and across our communities.



Tillamook strategy planning



Reedsport area of the Umpqua River

Introduction

The health of the public is the responsibility of everyone, not just our local public health agencies. Hospitals, clinics, behavioral health agencies, community-based organizations, early learning councils and school-based health centers should build population health capacity together.

Columbia Pacific Coordinated Care Organization (CPCCO), as part of the CCO transformation plan, seeks to bring together stakeholders from diverse sectors to establish a common agenda, shared metrics, a structured process and a jointly-funded infrastructure for the purpose of creating a shared system of health.

As part of the process of bringing together stakeholders and health data to inform transformation plan activities, CPCCO conducted a community health needs assessment in its service area—Clatsop, Columbia, and Tillamook counties and the Reedsport area of Douglas County—with the goal of gathering community perceptions of health, health care needs and health equity.

CPCCO's four Community Advisory Councils (CACs) participated in and gave oversight to the needs assessment process, including supporting the development of a meta-analysis of existing clinical and community epidemiological health data. An emphasis was placed on reviewing local assessments already conducted in behavioral health, public health, hospital community benefit reporting and other assessments from agencies or community-based organizations that help address socioeconomic issues such as community vitality, employment and food insecurity.



Regional Advisory Council selecting health priorities

Health disparity issues in rural areas include, but are not limited to: geographic separation; high patient ratio per number of providers to Oregon Health Plan members; limited resources; health care provider mix; and difficulty coordinating care between hospitals, clinics, behavioral health agencies and social service safety net providers.

To address these disparities, CPCCO seeks to create a Community Health Improvement Plan that aligns to and is coordinated with other required community assessments when appropriate, such as public

health department accreditation plans, hospital community benefit plans, the CPCCO Clinical Advisory Panel's clinical transformation priorities and community behavioral health agencies bi-annual improvement plans.

The goal of the CPCCO Community Health Improvement Plan is to use the data on community perceptions of health and health care needs from the community health survey that was conducted in Fall 2013, along with existing epidemiological 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 local stakeholders including natural supports. This collaboration offers the opportunity to mobilize and leverage resources to achieve measurable and sustainable improvements in health status and quality of life for the region as a whole.

The community health needs assessment and the resulting community health improvement plan incorporate all available findings, stories, priorities and strategies for addressing gaps that result in health disparities and health inequity in the communities served by CPCCO.

Description of Needs Assessment Process:

CPCCO has four local CACs and a regional CAC. The charge of the local and regional CACs is to oversee and support the community health needs assessments and a regional community health improvement plan for CPCCO.

The purpose of the regional health needs assessment is to identify the largest challenges CPCCO members face in being healthy and to understand the types of collaborative programs or activities that CPCCO and its partners can undertake to positively impact the health of all members. A guiding principle of the regional health needs assessment process recognizes current perceptions of health equity within the CPCCO service area and works to create a culturally-specific definition of health and a community-specific definition of, and standards for, cultural competence.

To create the regional health needs assessment, CPCCO augmented secondary state and national epidemiological data with a six question community survey that asked participants their opinion of the health and health care needs of the community in which they live. Survey participants were community members in the CCO service area including, but not limited to, CPCCO members. CAC members and CPCCO staff collaborated to disseminate and collect surveys in locations within the community that were thought to be the best opportunities for gathering community voice. Surveys were available in a variety of locations from health clinics to high school health classes. There were 1,104 surveys completed in the region.

	Clatsop	Columbia	Tillamook	Reedsport area	Latino
Percent of completed surveys: (n=1104)	15.4 percent	38.3 percent	33.8 percent	12.4 percent	6.9 percent
Percent of total service region population:	31.5 percent	42.0 percent	21.5 percent	5.0 percent	6.4 percent

U.S. Census

Additionally, community meetings were held to discuss community health data and to gain feedback on the perception of health and health care needs reported at the local level.

Epidemiological data was used to identify health challenges at a county level. This data and the community survey results that identified local perceptions of health concerns and service needs combined to form a complete community health needs assessment.

The data from the community health needs assessment was disseminated to local CACs. A data analyst presented state, county, and local survey results to the CAC's and highlighted the top drivers of health concerns. The health concerns were compared to the local community's perceptions of health and health care needs. The results and similarities between the epidemiological data and community concerns were discussed by the local and regional CAC's.

The CACs went through a group decision-making process to identify three health priorities (along with sub-categories) at the local level. Each of these local health priorities was recommended to the regional CAC. The regional CAC was given these recommendations and the meta-analysis of data for each county and for the region as a whole. With this information, the regional CAC went through a similar group decision making process as the local CACs to identify regional health priorities.

Using the data from the four local community health needs assessments and after reviewing the local CAC recommendations, the regional CAC chose three health indicators/disparities to address at the regional level.

The three health priorities are: **Obesity, Mental Health** and **Substance Abuse**.

Goals and strategies discussed related to each recommended health priority are:

- *Improved Nutrition and Food Access* as strategies to decrease obesity;
- *Crisis Management and Suicide Prevention* as strategies to improve mental health;
- *Decreasing alcohol abuse in transition age youth and tobacco use by pregnant women* as strategies to reduce substance abuse;
- *Promotion of Health and Wellness* as foundational to all goals and strategies, including "upstream" prevention practices.

Priority Health Issue: Obesity

Situational Analysis: Why this is a concern?

A. Obesity

Obesity has far-ranging negative effects on health. People who are overweight or obese are at increased risk for developing many different health conditions, including heart disease, diabetes, bone and joint diseases.

More than one-third of the U.S. population is overweight or obese – 35 percent of adult women and 33 percent of adult men are obese. Obesity is a chronic disease affecting increasing numbers of children and adolescents, as well as adults. There are many factors that may influence the occurrence of obesity. Along with genetic and metabolic factors, there is a strong relationship between socioeconomic status and obesity.

Obesity rates in the U.S. have doubled since 1980 among children and have tripled among adolescents. More than one-third of minors are considered overweight or obese. This rises to over two-thirds of American adults. (Centers for Disease Control and Prevention, 2011-2012).

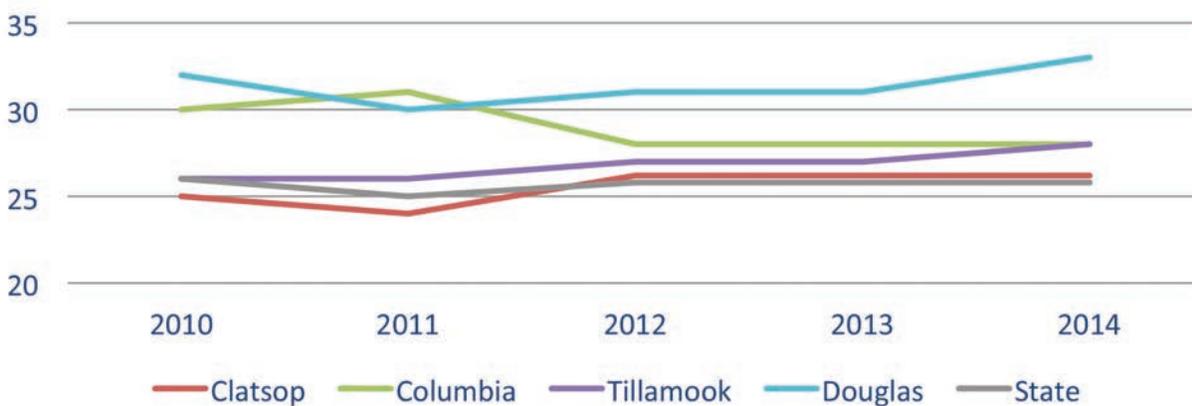
Promoting nutrition and sustainable food systems have been identified by CPCCO service area communities as a priority for addressing obesity within the service area. Public awareness of the linkages between nutrition, the food system and their impact on both the environment and public health are available programs that can be leveraged to address the health priority of obesity.

CPCCO's CACs have defined obesity as a community wide issue that stems from causes like poor nutrition and a lack of physical activity. Obesity can have wider implications on an individual's mental, social, spiritual health and well-being. CAC members support the idea that the community should be an environment in which the "healthy choice is the favorable choice." Examples of healthy choices in the community that could potentially improve health outcomes related to obesity are: walking, biking and public transit modes are more convenient than driving for errands; restaurants have healthy portion sizes; fast food venues are not within walking distance of schools; safe routes to schools exist so children develop the habit of walking and of physical activity as part of normal daily activity.

Although diabetes is not always connected to obesity, being overweight or obese does increase the risk for individuals to develop diabetes and other chronic conditions. For CPCCO members, diabetes mellitus is one of the top 10 diagnoses and had the most patient encounters in the CPCCO service region in the past year. Diabetes was identified as one of the top health concerns by community members who responded to the CPCCO community survey, conducted in the fall 2013 by CPCCO and its CACs.

Adult obesity rate (percent)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2010	25	30	26	32	26
2011	24	31	26	30	25
2012	26	28	27	31	26
2013	26	28	27	31	26
2014	26	28	28	33	26

County Health Rankings



Clatsop County

In Clatsop County, the adult obesity rate is 26 percent, equal to the overall Oregon rate of 26 percent (County Health Rankings & Roadmaps, 2014). Also in Clatsop County, 29.1 percent of respondents to the CPCCO community survey said that obesity was one of the three most critical health issues in their community. Obesity was the second-highest ranked response of 26 options. An additional 18 percent of respondents said that diabetes was one of the three most critical health issues. Diabetes was the fourth-highest ranked response.

In Clatsop County, 43 percent of all students were eligible for free or reduced price lunch, equal to the Oregon rate of 43 percent for all students. (County Health Rankings & Roadmaps, 2014).

In 2009, 25 percent of zip codes in Clatsop County did not have a healthy food outlet (grocery stores with more than four employees, produce stands and farmers markets), better than 36 percent in Oregon overall (Health Indicators Warehouse, 2014).

Columbia County

In Columbia County, the adult obesity rate is 28 percent, higher than the overall Oregon rate of 26 percent (County Health Rankings & Roadmaps, 2014). In Columbia County, 33.7 percent of respondents to the CPCCO community survey said that obesity was one of the three most critical health issues in their community. Obesity was the second-highest ranked response of 26 options. An additional 24 percent of respondents said that diabetes was one of the three most critical health issues. Diabetes was the third-highest ranked response.

In Columbia County, 36 percent of all students were eligible for free or reduced price lunch, less than the Oregon rate of 43 percent for all students (County Health Rankings & Roadmaps, 2014). However, there are two other service areas in the County that are higher than the state average: Clatskanie, 57.4 percent, and Rainier 56.4 percent. (Annie E. Casey Foundation, 2012)

In 2009, 37 percent of zip codes in Columbia County did not have a healthy food outlet (grocery stores with more than four employees, produce and farmers markets), comparable to 36 percent in Oregon overall (Health Indicators Warehouse, 2014).

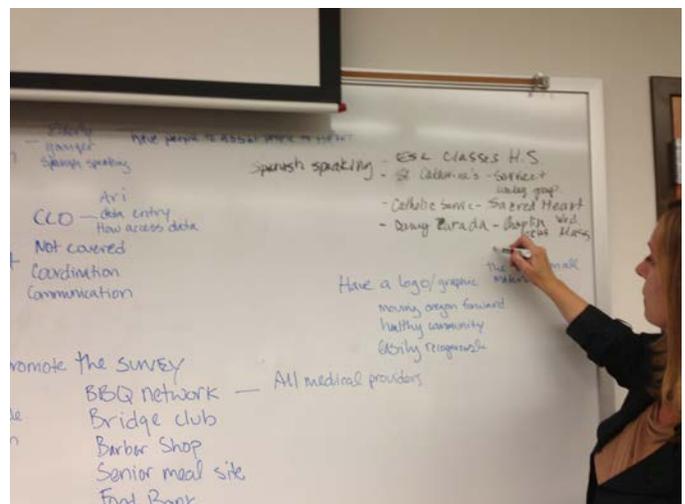
Tillamook County

In Tillamook County, the adult obesity rate is 28 percent, higher than the overall Oregon rate of 26 percent. (County Health Rankings & Roadmaps, 2014). In Tillamook County, 42 percent of adults in are overweight, compared to 36 percent of adults in Oregon. Additionally, in Tillamook County 35 percent of respondents to the community survey said that obesity was one of the three most critical health issues in their community. Obesity was the third-highest ranked response of 26 options. An additional 21 percent of respondents said that diabetes was one of the three most critical health issues of concern in Tillamook County. Diabetes was the fourth-highest ranked response in the community survey.

In Tillamook County, 49 percent of all students were eligible for free or reduced price lunch, higher than the Oregon rate of 43 percent for all students. (County Health Rankings & Roadmaps, 2014).

In 2009, 50 percent of zip codes in Tillamook County did not have a healthy food outlet (grocery stores with more than four employees, produce and farmers markets), worse than to 36 percent in Oregon overall (Health Indicators Warehouse, 2014).

Tillamook community health needs survey



Reedsport area of Douglas County

In Douglas County, the adult obesity rate is 33 percent, and is higher than the Oregon average of 26 percent. (County Health Rankings & Roadmaps, 2014). In the Reedsport area of Douglas County, there were 69.4 deaths due to diabetes per 100,000, compared to 43.8 per 100,000 in Douglas County and 27.6 per 100,000 in Oregon overall.

In the Reedsport-area, 32 percent of respondents to the community survey said that obesity was one of the three most critical health problems in the community. It was tied for the number one ranked response out of 26 options. An additional 25 percent of respondents said that diabetes was one of the three most critical health issues. Diabetes was the fourth-highest ranked response.

In 2012, of all the students in the Reedsport school district 78.3 percent were eligible for free or reduced price lunch, a much higher rate than the state average of 43 percent for all students.

In Douglas County 43 percent of zip codes did not have healthy food outlets (grocery stores with more than four employees, produce and farmers markets) compared to 36 percent in Oregon (Health Indicators Warehouse, 2014).



Reedsport selecting health priorities

Latino Community

In Oregon, the obesity rate among Latinos is 28.8 percent, higher than the Oregon average of 26 percent (Robert Wood Johnson Foundation). There is no data available for the obesity rate among ethnic and racial minorities at the county level. Of self-identifying Latino respondents, 26 percent to the community survey said that obesity was one of the three most critical health issues in their community.

Obesity was the third-highest ranked response of 26 options.

An additional 36.4 percent of Latino respondents said that diabetes was one of the three most critical health issues.

Diabetes was the second-highest ranked response.



B. Nutrition

Rural communities, long considered bastions of self-sufficiency, are seeing their grocery stores close, their food production become highly specialized and export-based, and their jobs – and younger generations – disappear to larger cities and urban areas. Many rural residents lack access to full-service grocery stores with fresh fruits and vegetables, adequate and affordable transportation and basic services, such as electricity. (Oregon Food Bank, 2013).

In Clatsop, Columbia, Tillamook, and Douglas Counties, 11%, 4%, 9%, and 11% of low-income residents have limited access to healthy foods respectively, compared to 5% of individuals statewide. (County Health Rankings & Roadmaps, 2014) Limited access to healthy foods is defined as living more than 10 miles from a grocery store in rural areas and more than 1 mile from a grocery store in urban areas. (Rural Studies Program, 2005) Low-income is defined as having an annual family income less than or equal to 200 percent of the federal poverty line of less than \$47,100 for a family of four. (County Health Rankings & Roadmaps, 2014)

In Clatsop County, 37 percent of respondents to the community survey said that access to healthy foods was one of the three most important ways to create a healthier community. It was the third-highest ranked response of 14 options.

In Columbia County, 25 percent of respondents to the community survey said that access to healthy foods was one of the three most important ways to create a healthier community. It was the fourth-highest ranked response of 14 options.

In Tillamook County, 39 percent of respondents to the community survey said that access to healthy food was one of the three most important ways to create a healthier community. It was the second-highest ranked response of 14 options.

In the Reedsport area, 24 percent of respondents to the community survey said that access to healthy food was one of the three most important ways to create a healthier community. It was the fifth-highest ranked response of 14 options.

Of self-identifying Latinos, 40 percent respondents to the community survey said that access to healthy food was one of the three most important ways to create a healthier community. It was the second-highest ranked response of 14 options. An additional 16.9 percent of Latino respondents said that poor eating habits was one of the three most critical health issues facing their community. It was the seventh response of 26.



Reedsport survey collection at community health fair

Best Practices

- Offer and provide coverage for evidence-based weight management educational opportunities and programs for people with pre-diabetes. (National Diabetes Prevention Program)
- Encourage employers with less than 25 employees to adopt breast-feeding friendly policies.
- Promote breast-feeding and assure systems are in place to support exclusivity and duration, including support for the Baby-Friendly Hospital Initiative. (Baby Friendly USA, 2014)
- Develop policies to ensure access to fresh fruits and vegetables, such as expanding the number of farmers markets that accept SNAP EBT, WIC Farmers Market Nutrition Program and Senior Farm Direct Nutrition Program coupons. (State Indicator Report, Nutrition, 2014)
- Assist limited-resource audiences to acquire access to fresh produce and acquire the knowledge, skills, attitudes and behaviors necessary to incorporate healthy diets with the intention of preventing or delaying the onset of chronic disease through a community nutrition program. (NACCHO Toolbox, 2014)
- Supply local convenience stores with fresh produce to stock in a customized display twice weekly and include site-specific marketing, local agricultural products and rotation of produce to increase the availability of local- and culturally-appropriate produce. (NACCHO Toolbox, 2014)
- Fresh Food Financing is a public-private partnership which supports the financing needs of large and small grocery store operators who operate in underserved communities, where infrastructure costs and credit needs cannot be accommodated solely by conventional financial institutions.
- The Healthy Living Partnership to Prevent Diabetes is a community-based lifestyle weight-loss program of overweight or obese adults with pre-diabetes. This includes group sessions and one-on-one meetings with community health workers in community settings over 24 months. (Social Programs That Work HELP PD, 2014)
- Obesity Treatment through Behavioral Coaching, this community-based program for obese adults, delivered through primary care practices, was found in a well-conducted randomized controlled trial to produce meaningful, sustained weight loss. (Social Programs That Work HELP PD, 2014)
- Promote increased access to fresh produce and health-related programs in the low income population through large-scale distribution of donated produce in partnership with a large food bank to increase awareness of local resources, increase participation in community programs that work to decrease health disparities on a local level and develop a community-based partnership among health promoting organizations for greater networking and collaboration potential in the future. (NACCHO Toolbox, 2014)
- Walk with Us, the Arthritis Foundation's guide developed to help groups create fitness programs that improve flexibility, strength and stamina. (Walk with Ease, 2009)
- FoodRX, provides mobile grocery trolleys at local health providers (behavioral and mental health). FoodRX is a model that can be utilized by health care professionals who prescribe medications. The health provider writes a prescription for food that is a voucher to be used to buy food at a fruit and vegetable food cart and/or pantry.
- Having public drinking fountains at city parks.



FoodRX provides mobile groceries

Opportunities for Health: (Three year goals)

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

Outcome Objectives/Indicators

There is a decrease in the current trend of low-income residents who report having limited access to healthy foods.

There is an increase in the number of people who are able to acquire the knowledge, skills, attitudes and behaviors to improve their nutrition.

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

Outcome Objectives/Indicators

There is a decrease in the number of adults who report being physically inactive.

There is a reduction in children who are diagnosed as obese by their health care provider in the CPCCO service area.

There is access to quality nutrition and education resources for every pregnant woman in the CPCCO service region including increased access to pre- and post-natal care and lactation support.

Action Steps for Community Health

Assessment

Collaborate with community partners to develop a service gap analysis.

Identify positive community norms related to nutrition and well-being.

Support communities to engage in vitality studies and collaborate with programs already in place that have conducted community vitality studies.

Support and sponsor our community partners who provide the food safety net to participate in and use the Healthy Pantries Project assessment tool.

Using GIS technology and other mapping software, describe points of food access for all communities in CPCCO service region

Partner with Oregon Food Banks's FEAST programs to assess impact of limited healthy food access on community health and the local economy.

Work with local primary care providers to understand and remove the barriers patients face that prevents physical activity.

Outreach and Education

Coordinate with public health, behavioral health, farmer market providers, OSU Extension Services and local outpatient health care providers to assist community members with limited resources to acquire access to fresh produce.

Sponsor events that support increasing community awareness of the links and social factors that cause obesity and the resulting health problems and issues.

Increase the capacity in the CPCCO service region for health education programs that target low-income children and families.

Increase the number of local food retailers that participate in the “Fresh Alliance” program, donating fresh foods to local food pantries.

Participation in Policy and Planning Processes

Modify beliefs and create sustainable policies that eliminate constraints to creating a regional healthy food system.

CPCCO participation in Parks and Recreation Advisory Committees and other identified community partners who work toward health community goals.

Support and sponsor school wellness or wellness policies in schools and worksites.

Support the cities in the CPCCO region to adopt ordinances that create a safe environment for all modes of transportation, i.e., traffic calming measures and green space community gardens.

Partners

Clatsop County

- Clatsop Community Action & Regional Food Bank
- Clatsop CHART (Community Health Advocacy & Resource Team)
- North Coast Food Web
- City of Astoria Parks & Recreation
- Columbia Memorial Hospital and Outpatient Clinics
- Food Web
- Fort Clatsop – National Park Service
- Fort Stevens
- Coastal Family Health Center
- The Harbor for Safe Relationships
- Thursday Market
- Parks and Recreation Advisory Committees for all Clatsop County cities
- Providence Seaside Hospital and Outpatient Clinics
- Sunday Market
- Sunset Empire Park & Recreation
- Warrenton Trails Association

Columbia County

- CC Rider Transportation
- Columbia Pacific Food Bank
- Community Action Team of Columbia County
- Local prevention coalitions (Vernonia Prevention Coalition)
- OHSU Family Medicine at Scappoose
- Legacy Clinic St. Helens
- Public Health Foundation of Columbia County

Tillamook County

- Tillamook Regional Medical Center and Clinics
- FEAST- Food Education Agriculture Solutions Together
- Food Roots
- Tillamook County Good Food For All
- Kiwanda Community Center
- Rinehart Clinic
- Tillamook County Futures Council
- Tillamook County Health Department and Family Health Center
- Tillamook County YMCA

Reedsport Area of Douglas County

- Community Center Gym
- Farmers Market
- Fitness Challenge Events (5k walk/run, health fair)
- Garden Club at Great Afternoons
- Health Food Store
- Overeaters Anonymous
- Project Blessing Food Pantry
- Public Swimming Pool
- School Open Gym Night
- Senior Center
- Taking Off Pounds Sensibly (TOPS)
- Walking Path Booklet

Regional Resources

- Breast-feeding Coalition
- Community Garden Advocates
- Culinary programs at local community colleges
- Department of Human Services (DHS)
- Farm-to-table groups
- Farmers markets
- Food Pantries and Food Bank
- Fresh Alliance Program
- Local Fitness Facilities
- La Leche League
- OSU Extension Services
- Resource Assistance for Rural Environments (RARE)
- Supplemental Nutrition Assistance Program (SNAP)
- Women Infants and Children (WIC)



Priority Health Issue: Mental Health

Situational Analysis: Why this is a concern?

Mental health refers to a broad array of activities directly or indirectly related to mental well-being. The World Health Organization not only includes good mental health in their definition of “health” but further defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, fruitfully and is able to make a contribution to her or his community.” (World Health Organization (WHO), 2007)

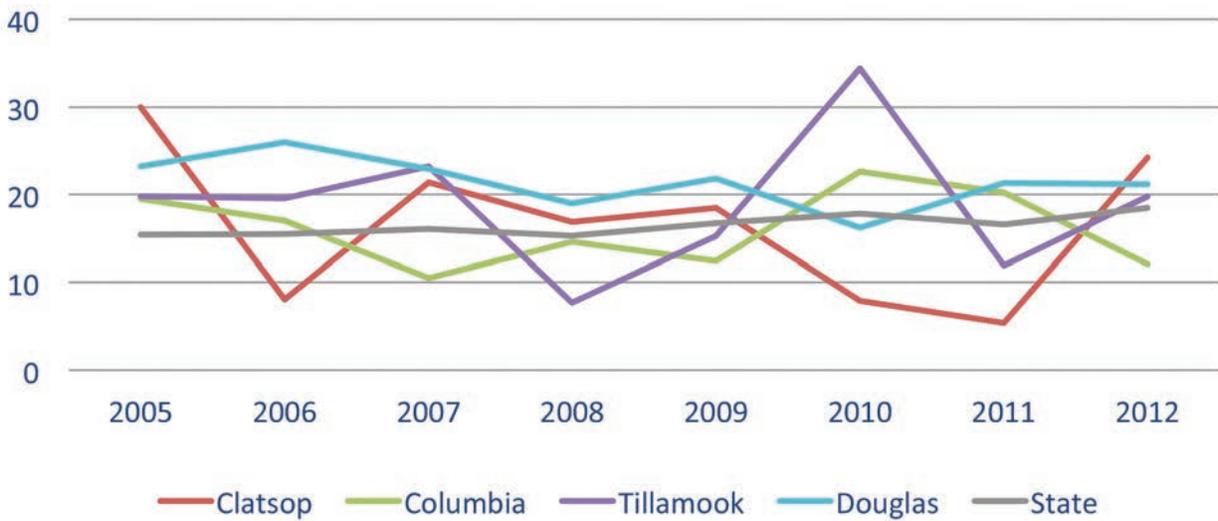
CPCCO's CACs have defined good mental health as having a strong sense of community, a high quality of life and maintaining quality relationships. Good mental health is related to the promotion of well-being, the prevention of mental disorders and the treatment and rehabilitation of people affected by mental disorders.

On average, people with serious and persistent mental illness die 25 years earlier than the general population, due largely to higher rates of chronic illnesses. Tobacco use by people with serious and persistent mental illness is almost twice that of the general population. Other health related associations include high rates of cardiovascular disease, diabetes, obesity, asthma, arthritis, epilepsy and cancer. Additionally, the rates for both intentional and unintentional injuries are 26 times higher among people with a history of mental illness than for the general population. (Mauer, 2006)

One of the top 10 causes of death for Oregonians is suicide. Oregon has more deaths from suicide each year than from motor vehicle crashes. There are more than 600 deaths by suicide and more than 1,800 hospitalizations for suicide attempts each year in Oregon; nearly two people die every day by suicide. Suicide rates vary between racial and ethnic groups and are highest among whites and Native Americans. (Oregon Public Health Division, Strategic Plan 2012-2017, 2013).

Suicide death rate (per 100,000*)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2005	30.0	19.5	19.8	23.2	14.4
2006	8.1	17.0	19.6	26.0	15.5
2007	21.4	10.5	23.2	22.9	16.1
2008	16.9	14.6	7.7	19.0	15.3
2009	18.5	12.4	15.3	21.8	16.7
2010	7.9	22.6	34.4	16.2	17.8
2011	5.4	20.2	11.9	21.3	16.6
2012	24.2	12.1	19.8	21.2	18.5

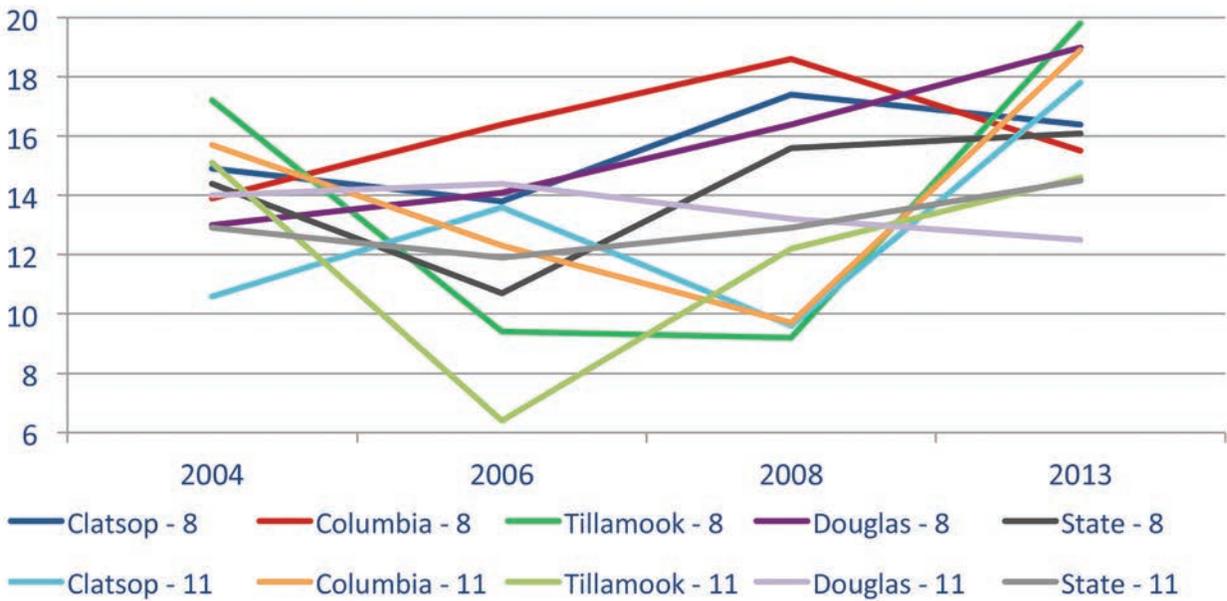
*Rates based on less than 5 events are considered unreliable: Clatsop 2006, 2010, 2011; Tillamook 2008, 2009, 2011. Oregon Vital Statistics Annual Report.



Approximately 75 Oregon youths die by suicide each year, making it the second leading cause of death among those aged 10-24 years. Even greater numbers of youth are treated in Oregon’s emergency rooms for suicide attempts, with over 750 attempts reported each year. Oregon youths participating in the 2013 Oregon Healthy Teens Survey reported relatively few suicide attempts that required medical care in the past 12 months, but more than one in four reported that they felt “sad or hopeless” every day for two weeks and approximately 8 percent of eighth-graders and approximately 5 percent of 11th-graders said they attempted suicide one or more times in the past 12 months. (Oregon Health Authority, 2013)

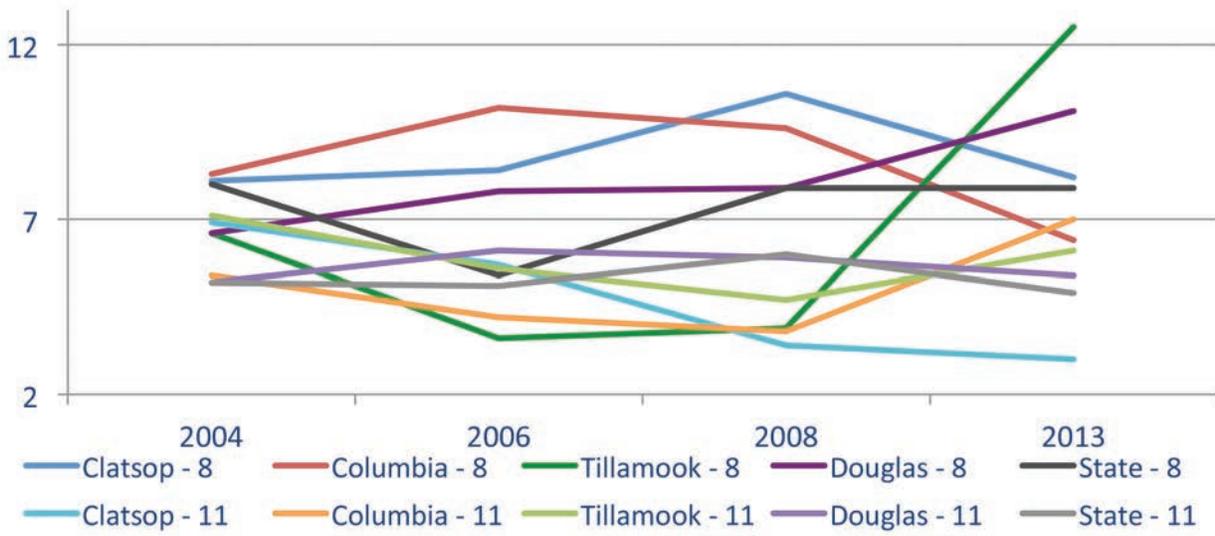
Seriously considered suicide in past year (percent)

Year	Grade	Clatsop	Columbia	Tillamook	Douglas	State
2004	8th	14.9	13.9	17.2	13.0	14.4
	11th	10.6	15.7	15.1	14.0	12.9
2006	8th	13.8	16.4	9.4	14.1	10.7
	11th	13.6	12.3	6.4	14.4	11.9
2008	8th	17.4	18.6	9.2	16.4	15.6
	11th	9.6	9.7	12.2	13.2	12.9
2013	8th	16.4	15.5	19.8	19.0	16.1
	11th	17.8	18.9	14.6	12.5	14.5



Suicide attempt in the past year (percent)						
Year	Grade	Clatsop	Columbia	Tillamook	Douglas	State
2004	8th	8.1	8.3	6.6	6.6	8.0
	11th	6.9	5.4	7.1	5.2	5.2
2006	8th	8.4	10.2	3.6	7.8	5.4
	11th	5.7	4.2	5.6	6.1	5.1
2008	8th	10.6	9.6	3.9	7.9	7.9
	11th	3.4	3.8	4.7	5.9	6.0
2013	8th	8.2	6.4	12.5	10.1	7.9
	11th	3.0	7.0	6.1	5.4	4.9

Oregon Healthy Teens Survey.



In Oregon, 36 percent of low-income women and 16 percent of high-income women experience maternal depression. Current smokers were 50 percent more likely to report depressive symptoms than non-smokers. By ethnicity, 31 percent of Hispanic women experience maternal depression in contrast with 17 percent of white women. (Oregon Health Authority: Public Health Division, 2010).

Clatsop County

There are 982 residents per mental health provider, compared to the average of 419 residents per mental health provider in Oregon as a whole. (County Health Rankings & Roadmaps, 2014).

Of 11th-grade students, 31 percent in Clatsop County have experienced a depressive episode in the past year, compared to 28 percent of 11th-grade students statewide and 10 percent of 11th-grade students in Clatsop County attempted suicide in the past year, compared to 6 percent of 11th-grade students statewide. (State Epidemiological Outcomes Workgroup, 2013).

In Clatsop County, 15 percent of respondents to the community survey said that mental illness was one of three most critical health issues in their community. It was the fifth-highest ranked response of 26 options.

Columbia County

There are 858 residents per mental health provider, less than half the providers per person found statewide (County Health Rankings & Roadmaps, 2014).

Residents in Columbia County report 4.1 days of poor mental health in the past month, compared to the state average of 3.3 days.

Of eighth-grade students, 25 percent and 27 percent of 11th-grade students report experiencing a depressive episode in the past year. In Columbia County, 12 percent of eighth-grade students and 10 percent of 11th-grade students exhibit psychological distress (reporting symptoms which indicate having a mental disorder, such as anxiety or mood disorder), compared to the averages of 4 percent of eighth-grade students and 7 percent of 11th-grade students in Oregon. (State Epidemiological Outcomes Workgroup, 2013).

In Columbia County, 21 percent of respondents to the community survey said that mental illness was one of the three most critical health issues in the community. It was the sixth-highest ranked response of 26 options. An additional 10 percent of respondents said that the lack of mental health treatment facilities was one of the three most critical health issues.

Tillamook County

There are 1,226 residents per mental health provider, compared to the average of 419 residents per mental health provider in Oregon as a whole (County Health Rankings & Roadmaps, 2014). There are 18 suicide deaths per 100,000 people in Tillamook County, compared to 16 deaths per 100,000 across Oregon.

In Tillamook County, 10 percent of eighth-grade students and 9 percent of 11th-grade students have attempted suicide in the past year, compared to 8 percent of eighth-grade students and 6 percent of 11th-grade students statewide. (State Epidemiological Outcomes Workgroup, 2013).

In Tillamook County, 15 percent of respondents to the community survey said that the lack of mental health treatment facilities was one of the three most critical health issues in the community. It was the seventh-highest ranked response of 26 options. An additional 10 percent of respondents said that mental illness was one of the three most critical health issues.

Reedsport area of Douglas County

In the Reedsport area of Douglas County, there were 37 suicide deaths per 100,000 people, higher than both the Douglas County rate of 18.4 suicide deaths per 100,000 and the Oregon overall rate of 16.2 deaths per 100,000 (Oregon Public Health Division, Strategic Plan 2012-2017, 2013).

In Douglas County, 4.3 percent of eighth-graders and 2.2 percent of 11th-graders report attempting suicide two to three times during the past 12 months compared to 2.6 percent of eighth-graders and 1.6 percent of 11th-graders in the state (Oregon Health Authority, 2013).

Latino Community

Of self-identifying Latinos, 10 percent respondents to the community survey said that mental illness was one of the three most critical health issues in the community. It was the 13th highest ranked response of 26 options. An additional 7 percent of Latino respondents said that the cost of mental health services and lack of mental health treatment facilities were priorities.

Best Practices

- The Adverse Childhood Experiences Study has found that almost two-thirds of suicide attempts could be attributed to having several adverse experiences as a child. Adverse childhood experiences included in the study were: psychological, physical or sexual abuse; violence against mother; living with household members who were substance abusers, mentally ill or suicidal or had ever been in the correctional system. These findings suggest that prevention of childhood exposure to these experiences, or interventions that minimize the impact of these exposures could have a dramatic impact on the incidence of suicide. (Oregon Public Health Division, Strategic Plan 2012-2017, 2013)
- Establishing and maintaining collaborative relationships with local crisis and emergency services: The National Suicide Prevention Lifeline's policy requires the development of both formal and informal relationships with community services that can assist in the use of less invasive interventions and or better ensure optimal continuity of care for people at imminent risk of suicide. (National Suicide Prevention Lifeline, 2014)
- Implement school-based programs to reduce violence and promote emotional self-awareness, self-esteem, positive social skills, social problems solving and conflict resolution. (Violence Schoolbased Programs, 2014)
- Develop systems and policies that support ongoing health care providers training to screen for depression as part of a comprehensive well-child exam. (Bright Futures, 2014)
- Integrate mental health screening into the health care standard of care for all ages. (Public Health Oregon, 2014)
- Reducing stigma through education about the signs and symptoms of mental illness. Mental Health First Aid is an evidenced-based approach to public education that helps reduce stigma and equips the public with key skills to help individuals who are developing a mental health problem or experiencing a mental health crisis. The clinical and qualitative evidence behind the program demonstrates that it helps the public better identify, understand, and

respond to signs of mental illness, improving outcomes for individuals experiencing mental health symptoms. (Mental Health First Aid, 2014)

- Applied Suicide Intervention Skills Training (ASIST)
- Question, Persuade and Refer (QPR)
- Response is a comprehensive high school based suicide prevention program designed to increase awareness, heighten sensitivity to depression and suicidal ideation, change attitudes and offer response procedures to refer a student at risk for suicide.
- David Romprey Warmline is a warm line designed and provided by people who have or had challenges in mental health and are able to support their peers who are struggling with a variety of mental health issues.

Opportunities for Health: (Three year goals)

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

Outcome Objectives/Indicators

See a reduction each year in the current upward trend of eighth- and 11th-graders reporting a suicide attempt in the last year.

See an incremental reduction in the current upward trend of suicide attempt for all ages in the CPCCO service area each year.

There is an increase in the number of schools that have access to and utilize evidence-based practices such as RESPONSE, ASIST and Mental Health First Aid to support schools to improve their capacity to recognize the signs of mental health support needs in students.

There is an increase in the number of community members in the CPCCO service area who are aware of services and supports that are available to improve their mental health and well-being.

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

Outcome Objectives/Indicators

There is an increase in the number of community partners involved in local and regional planning in establishing crisis respite support for persons in mental health crisis.

There is a development of baseline data indicating the use and knowledge of the mental health crisis hotline(s).

Use of the mental health crisis hotline baseline data to increase in the use and knowledge of the 24-hour crisis hotline.

There is an increase in education and supports related to mental wellness and community wide prevention models that all community members have access to.

Action Steps for Community Health

Assessment

Collaborate with community partners to develop a service gap analysis.
Identify positive community norms related to mental health and well-being.

Outreach and Education

Educate the community about the signs and symptoms of depression and the resources available in the community to help community members who experience increased feelings of sadness or thoughts of suicide.

Support development of services that increase the awareness and access to prenatal and perinatal mental health for all mothers' babies and families.

Participation in Policy and Planning Processes

Support community partners to work toward improving access to mental health services including the development of the workforce who provides direct service.

Support policy that supports the improvement of outpatient and inpatient services that are comprehensive and collaborative to meet the needs of a diverse population.

There is a mental health suicide awareness policy at all schools to allow front line people to get trained in QPR and Mental Health First Aid.

Partners

Clatsop County

- Clatsop Behavioral Healthcare
- Coastal Family Health Center
- Columbia Memorial Hospital
- Connect the Dots
- National Alliance for the Mentally Ill
- Northwest Parenting Education and Support Hub
- Providence Seaside Hospital

Columbia County

- Columbia Community Mental Health
- Legacy Health Clinic
- National Alliance for the Mentally Ill
- OHSU Family Medicine at Scappoose
- Public Health Foundation of Columbia County
- School Based Health Centers
- Vernonia Health Center

Tillamook County

- Community Action Resource Enterprises, Inc.
- Tillamook County Health Department and Centers for Family Health
- Tillamook Family Counseling Center

Reedsport area of Douglas County

- Douglas County Mental Health
- Dunes Family Clinic
- Family Resource Center
- Lower Umpqua Hospital

Regional Resources

- 211
- 911
- Child Welfare Services
- Educational Service Districts
- Emergency Medical Responders
- Fire Departments
- Law Enforcement
- Local Government
- Community Behavioral Health Providers
- Non-emergency 24/7 Crisis Lines

Priority Health Issue: Substance Abuse

Situational Analysis: Why this is a concern?

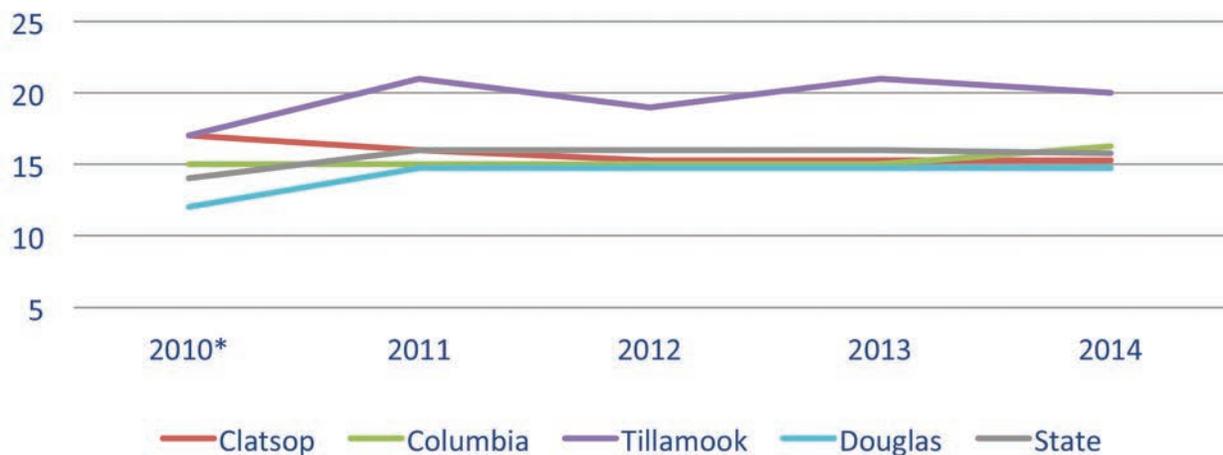
Substance Abuse is the harmful use and or abuse of illegal drugs, prescription drugs, alcohol or tobacco and when the use of the substance causes demonstrable harm, either for the individual or society, in terms of negative health, social or economic effects.

Specifically in the CPCCO region, binge drinking is a significant risk factor for injury, violence, and chronic substance abuse for adults and youth. During 2010, 14.4 percent of adults reported binge drinking on at least one occasion during the past 30 days.



Excessive drinking (percent)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2010*	17	15	17	12	14
2011	16	15	21	15	16
2012	15	15	19	15	16
2013	15	15	21	15	16
2014	15	16	20	15	16

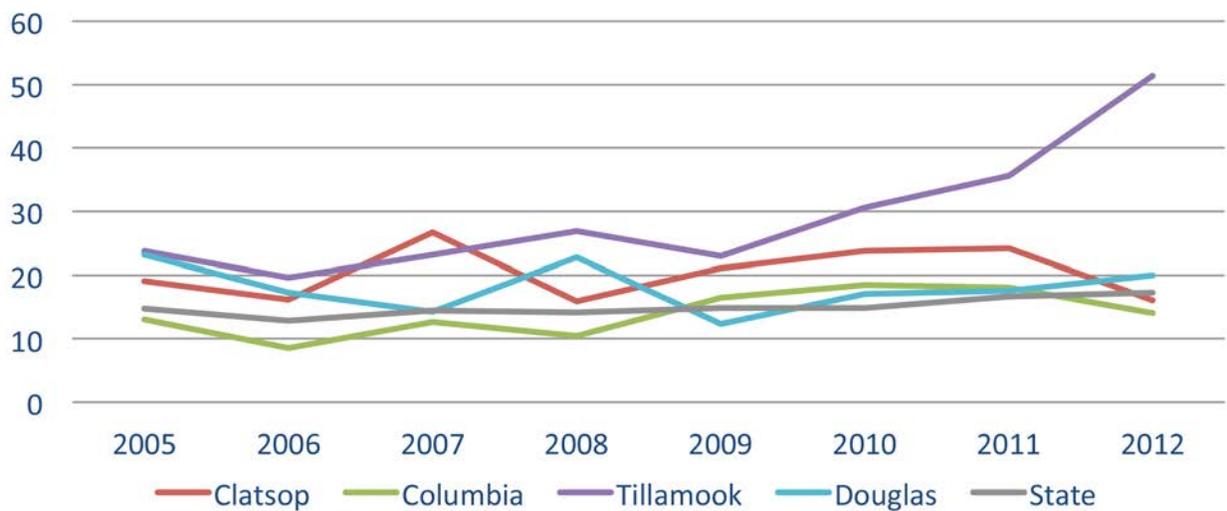
*Excessive drinking is defined as either binge drinking or heavy drinking. The 2010 measure is for binge drinking alone. County Health Rankings



Oregon students in the eighth- and 11th-grade who participated in the Oregon Healthy Teens Survey were asked about their alcohol and binge drinking (defined as five or more drinks within two hours) during the past month. More than half (57.9 percent) of eighth-graders and almost one-third (33 percent) of 11th-graders reported that they had never consumed alcohol. Eighth-graders (42 percent) reported using alcohol at age 14 years or younger, placing them at a four times greater risk of lifetime alcohol-related problems cited above. Likewise, 38 percent of the 11th-graders said they were aged 14 years or younger when first having more than a sip or two of alcohol. As might be expected, alcohol use for 11th-graders exceeded rates reported by eighth-graders on most items. (Oregon Health Authority, 2013).

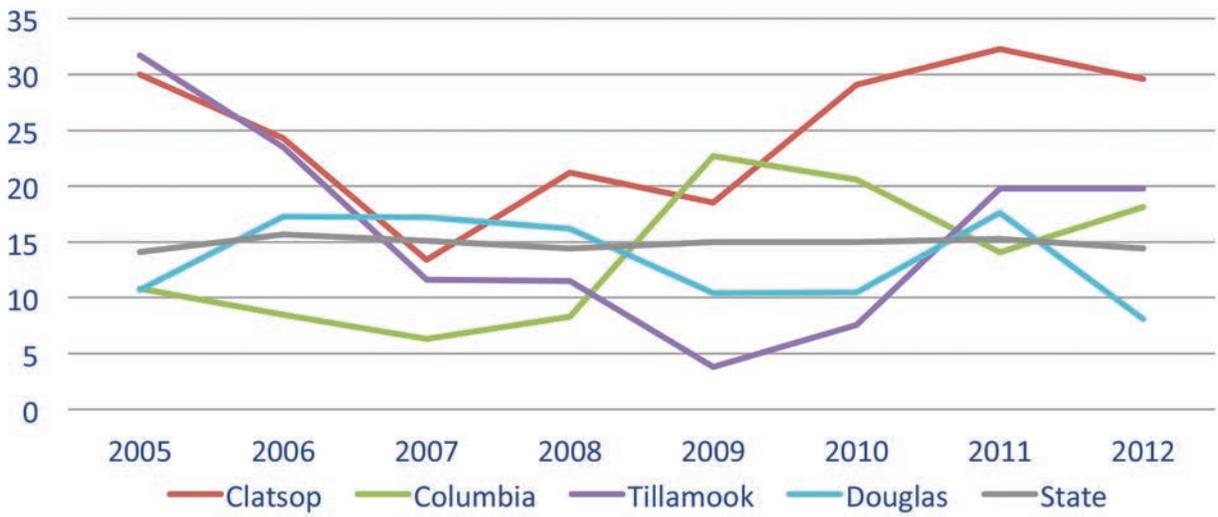
Alcohol-induced death rate (per 100,000*)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2005	19.1	13.0	23.8	23.2	14.8
2006	16.2	8.5	19.6	17.3	12.8
2007	26.7	12.6	23.2	14.3	14.5
2008	15.9	10.4	26.9	22.8	14.2
2009	21.1	16.5	23.0	12.3	14.9
2010	23.8	18.5	30.6	17.1	14.9
2011	24.2	18.1	35.6	17.6	16.7
2012	16.1	14.1	51.4	20.0	17.3

*Rates based on less than 5 deaths are unreliable: Columbia 2006. Oregon Vital Statistics Annual Report



Drug-induced death rate (per 100,000*)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2005	30.0	10.8	31.7	10.7	14.1
2006	24.3	8.5	23.5	17.3	15.7
2007	13.4	6.3	11.6	17.2	15.1
2008	21.2	8.3	11.5	16.2	14.4
2009	18.5	22.7	3.8	10.4	15.0
2010	29.1	20.6	7.6	10.5	15.0
2011	32.3	14.1	19.8	17.6	15.3
2012	29.6	18.1	19.8	8.1	14.4

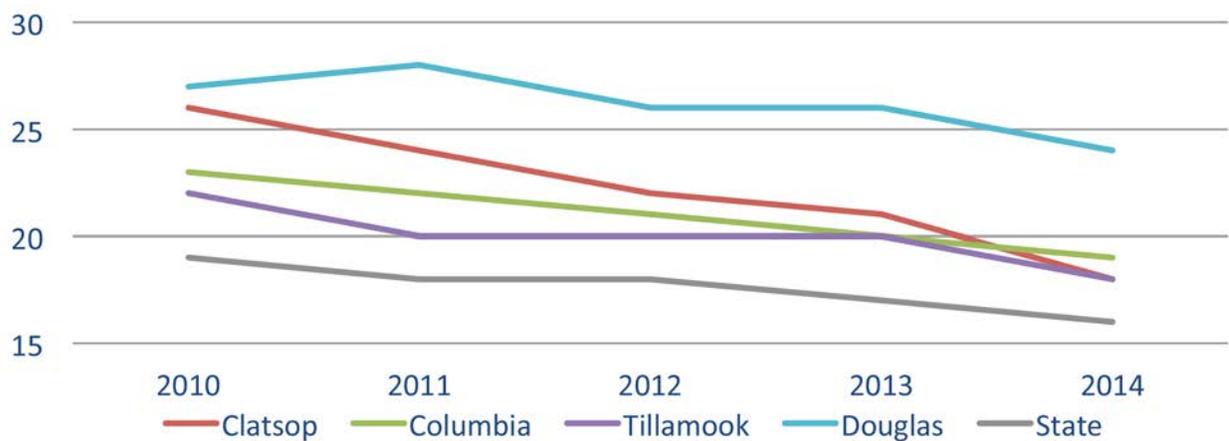
*Rates based on less than 5 deaths are considered unreliable: Columbia 2006, 2007, 2008; Tillamook 2007, 2008, 2009, 2010. Oregon Vital Statistics Annual Report



Smoking is the most common root cause of avoidable death and disease in Oregon. It kills more than 7,000 Oregonians annually, and costs the state \$2.4 billion in health care costs and lost productivity due to premature death. Most adult smokers start smoking before the age of 18. (Oregon Public Health Division, Strategic Plan 2012-2017, 2013).

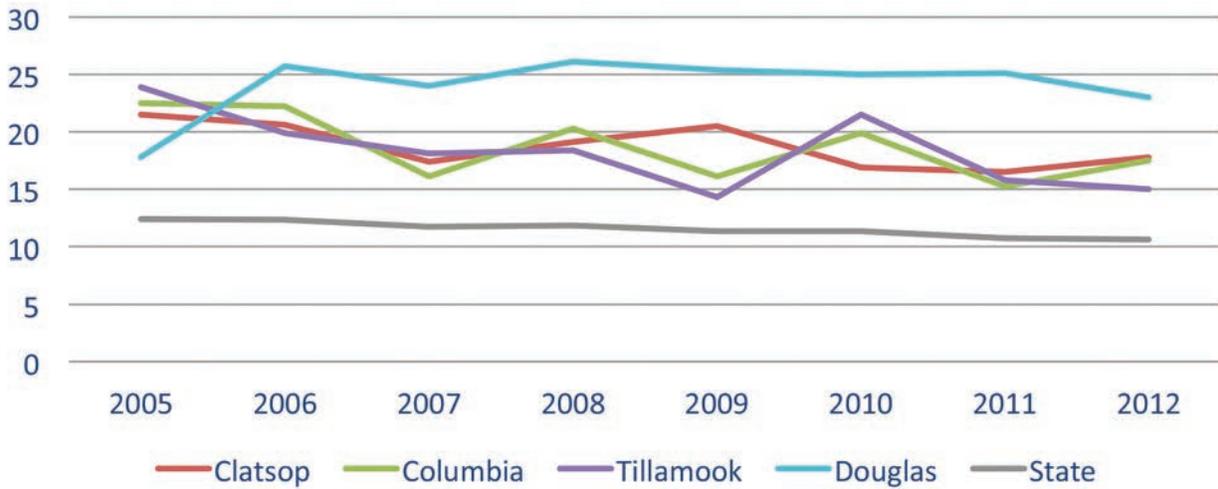
Adult smoking rate (percent) (County Health Rankings)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2010	26	23	22	27	19
2011	24	22	20	28	18
2012	22	21	20	26	18
2013	21	20	20	26	17
2014	18	19	18	24	16

County Health Rankings



Reported tobacco use in pregnant mothers (percent) (Oregon Vital Statistics)					
Year	Clatsop	Columbia	Tillamook	Douglas	State
2005	21.5	22.5	23.9	17.8	12.4
2006	20.6	22.2	19.9	25.7	12.3
2007	17.4	16.1	18.1	24	11.7
2008	19.1	20.3	18.4	26.1	11.8
2009	20.5	16.1	14.3	25.4	11.3
2010	16.9	19.9	21.5	25	11.3
2011	16.5	15.2	15.8	25.1	10.7
2012	17.8	17.5	15	23	10.6

Oregon Vital Statistics Annual Report



Clatsop County

In Clatsop County, the death rate from alcohol-induced causes was 18 deaths per 100,000 people between 2007 and 2011, compared to 14 deaths per 100,000 people in Oregon in the same period. In Clatsop County, 10 percent of women report heavy drinking, or having more than one drink daily in the past month, compared to 6 percent of women in Oregon.

In Oregon, 16 percent of eighth-grade students report binge drinking in the past month, compared to 8 percent of Clatsop County eighth-grade students. Also in Clatsop County, 8 percent of 11th-grade students reported driving while drunk in the past month, compared to 5 percent of 11th-grade students statewide. (State Epidemiological Outcomes Workgroup, 2013).

The death rate from drug-induced causes in Clatsop County was 24 deaths per 100,000 people between 2007 and 2011, much higher than the state rate of 14 deaths per 100,000 people. Of individuals aged 18-25, 17 percent report using prescription pain relievers non-medically in the past year, slightly higher than the state rate of 15 percent. In Clatsop County, 6 percent of 11th-grade students report using illicit drugs (other than marijuana) in the past month doubles the state rate of 3 percent. (State Epidemiological Outcomes Workgroup, 2013).

At 18 percent, the adult smoking rate in Clatsop County is slightly higher than the statewide rate at 16 percent. (County Health Rankings & Roadmaps, 2014). In Clatsop County, 17 percent of infants in were born to mothers who reported using tobacco during pregnancy, compared to 11 percent of infants in Oregon. (Oregon Vital Statistics County Data 2012).

In Clatsop County, 36 percent of respondents to the community survey said that alcohol and drug addiction was one of the three most critical health issues in the community. Alcohol and drug addiction was the number one response of 26 options. Additionally, 21 percent of Clatsop County respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the seventh-highest ranked response of 14 options. Additionally, 16 percent of respondents said that tobacco use was one of the three most critical health issues. It was the sixth-highest ranked response.

Columbia County

In Columbia County, there are higher rates of binge drinking and heavy drinking by females compared to the state as a whole. In Columbia County, 13 percent of women report binge drinking, or drinking more than four drinks in about two hours, in the past month, compared to 11 percent of women in Oregon. Also in Columbia County, 9 percent of women report heavy drinking in the past month, compared to 6 percent of women in Oregon. (State Epidemiological Outcomes Workgroup, 2013).

The death rate from drug-induced causes in Columbia County was 14.0 deaths per 100,000 people between 2007 and 2011, equal to the state rate. Of individuals aged 18-25, 17 percent report using prescription pain relievers non-medically in the past year, slightly higher than the state rate of 15 percent. (State Epidemiological Outcomes Workgroup, 2013).

At 19 percent, the adult smoking rate in Columbia County is slightly higher than the statewide rate of 16 percent. (County Health Rankings & Roadmaps, 2014). In Columbia County 26 percent of deaths are linked to tobacco, compared to 22 percent of deaths in Oregon. In Columbia County, 18 percent of infants in were born to mothers who reported using tobacco during pregnancy, compared to 11 percent of infants in Oregon. (Oregon Vital Statistics County Data 2012).

In Columbia County, 45 percent of respondents to the community survey said that alcohol and drug addiction was one of the three most critical health issues in their community. Alcohol and drug addiction was the number one response of 26 options. Additionally, 29 percent of Columbia County respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the second-highest ranked response of 14 options. In Columbia County, 26 percent of respondents said that tobacco use was one of the three most critical health issues. It was the third-highest ranked

Tillamook County

In Tillamook County, the death rate from alcohol-induced diseases is 18 deaths per 100,000 people between 2007 and 2011, compared to 14 deaths per 100,000 people in Oregon in the same period. (State Epidemiological Outcomes Workgroup, 2013). Of Tillamook County residents, 22 percent report excessive drinking, defined as either binge or heavy drinking, in the past month, compared to 16 percent of individuals in Oregon. (County Health Rankings & Roadmaps, 2014) In particular, 17 percent of women report binge drinking in the past month in Tillamook County, compared to 11 percent of women in Oregon.

In Tillamook County, 11 percent of eighth-grade students and 24 percent of 11th-grade students report binge drinking within the past month, compared to 8 percent of eighth-grade students and 21 percent of 11th-grade students in Oregon. Additionally, 7 percent of 11th-grade students report driving while drunk in the past month, compared to 5 percent of 11th-grade students in Oregon. (State Epidemiological Outcomes Workgroup, 2013).

The death rate from drug-induced causes in Tillamook County between 2007 and 2011 was 14 deaths per 100,000 people, equal to the state rate. 17 percent of individuals aged 18-25 report using prescription pain relievers non-medically in the past year, slightly higher than the state rate of 15 percent. (State Epidemiological Outcomes Workgroup, 2013).

At 18 percent, the adult smoking rate in Tillamook County is slightly higher than the statewide rate of 16 percent (County Health Rankings & Roadmaps, 2014). In Tillamook County 29 percent of deaths are linked to tobacco, compared to 22 percent of deaths in Oregon. Also in Tillamook County, 15 percent of infants in were born to mothers who reported using tobacco during pregnancy, compared to 11 percent of infants in Oregon. (Oregon Vital Statistics County Data 2012).

In Tillamook County, 41 percent of respondents to the community survey said that alcohol and drug addiction was one of the most critical health issues in their community. Alcohol and drug addiction was the number one ranked response of 26 options. Additionally, 25 percent of Tillamook County respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the seventh-highest ranked response of 14 options. Additionally, 12 percent of respondents said that tobacco use was one of the three most critical health issues. It was the ninth highest ranked response.

Reedsport area of Douglas County

Reedsport, the death rate for alcohol-induced diseases was 40 deaths per 100,000 people between 2007 and 2011, compared to 14 deaths per 100,000 people in Oregon in the same period. In Douglas County, 8 percent of men report heavy drinking in the past month, compared to 15 percent of men in Oregon. (State Epidemiological Outcomes Workgroup, 2013).

The death rate from drug-induced causes in Douglas County was 14 deaths per 100,000 people between 2007 and 2011, equal to the state rate. 15 percent of individuals aged 18-25 report using prescription pain relievers non-medically in the past year, equal of the state rate. (State Epidemiological Outcomes Workgroup, 2013).

At 24 percent, the adult smoking rate in Douglas County is significantly higher than the state rate of 16 percent (County Health Rankings & Roadmaps, 2014). In Douglas County, 26 percent of deaths are linked to tobacco, compared to 22 percent of deaths in Oregon. In Douglas County, 19 percent of infants were born to mothers who reported using tobacco during pregnancy, compared to 11 percent of infants in Oregon. (Oregon Vital Statistics County Data 2012)

In the Reedsport-area, 32 percent of respondents to the community survey said that alcohol and drug addiction was one of the most critical health issues in their community. Alcohol and drug addiction was the first response of 26. Additionally, 19 percent of Reedsport-area respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the ninth response of 14. response.

Latino Community

Of self-identifying Latino, 39 percent respondents to the community survey said that alcohol and drug addiction was one of the most critical health issues in their community. Alcohol and drug addiction was the first response of 26. Additionally, 30 percent of Latino respondents said that alcohol and drug prevention and treatment were one of the three most important ways to create a healthier community. It was the fifth response of 14.

Best Practices

- Develop systems and policies that support ongoing healthcare provider training, such as SBIRT, (screening, brief intervention, referral to treatment) for alcohol and other drug screening, depression, and early detection of mental illness, along with brief interventions, and referral to treatment. Enhance enforcement of laws prohibiting sales to minors. Educate the public about the risks of underage drinking binge drinking and opioid use. (Alcohol, 2014) (NREPP, 2014)
- Baby & Me Tobacco Free is an incentive program to get prenatal women to quit smoking while pregnant and stay quit for at least one year after the birth of the baby. Program includes cessation training and materials, a program curriculum and protocols, brochures and application materials, testing and diaper vouchers. (Baby & Me Tobacco Free, 2014)
- Referral to the Oregon Tobacco Quit Line
- Support policies and ordinances banning flavored tobacco. Support tobacco sampling ban. Create age restrictions on emerging tobacco products such as electronic cigarettes.
- Life Skills Training, a middle-school substance abuse prevention program. The program teaches students social and self-management skills, including skills in resisting peer and media pressure to smoke, drink, or uses drugs and informs students of the immediate consequences of substance abuse. It's delivered by classroom teachers who receive brief trainings. They provide the program to students in fifteen classroom sessions about 45 minutes in length during the student's first year of middle school. The following years, the teachers provide a total of five to fifteen review sessions. (Substance Abuse Prevention/Treatment, 2014)

Opportunities for Health: (Three year goals)

Goal 1: Decrease youth and adult substance abuse.

Outcome Objectives/Indicators

There is an increase in the number of completed referrals to behavioral health services.

There is a marked decrease in the percentage of pregnant mothers who smoke annually.

There is a decrease in the percentage of people who report excessive drinking and substance abuse.

There is a decrease in the percentage of adolescents who report using harmful substances.

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.

Outcome Objectives/Indicators

There is an increase in the number of community members in the CPCCO service area who are aware of services and supports that are available to stop or reduce the abuse of alcohol, drugs and tobacco.

The number of 12-20 year olds that are on Oregon Health Plan who receive SBIRT (screening, brief intervention, referral to treatment) screening through their primary care doctor increases by three percent every year.

There is an increase in public properties that are tobacco-free zones.

Action Steps for Community Health

Assessment

Collaborate with community partners to develop a service gap analysis.

Identify positive community norms related to reducing substance abuse and improving wellbeing.

Outreach and Education

Support the recruitment and training of more mentors (including peer mentors) for our young people to increase the protective factors amongst our youth and redirect them towards more positive life choices.

Support community events and trainings that normalize the discussion of the use and abuse of substances and the effect substance abuse issues have on the health and wellbeing of the community as a whole.

Support community attendance/participation in sponsored events that educate the community regarding the physical, mental and emotional costs of drug and alcohol abuse.

Participation in Policy and Planning Processes

Support policies that ban smoking in all parks and public properties in the Reedsport area Tillamook, Clatsop, and Columbia Counties.

Partners

Clatsop County

- AA, NA
- Caring Adults Developing Youth
- Clatsop Behavioral Healthcare
- Coastal Family Health Center
- North Coast Pain Clinic
- Northwest Parenting Education and Support Hub
- Prevention Works

Columbia County

- AA, NA
- Columbia Community Mental Health
- Dual Diagnosis Anonymous
- Prevention Works

Tillamook County

- Rinehart Clinic
- Tillamook Family Counseling Center
- Tillamook Health Department and Family Health Center
- Tillamook Regional Medical Center and Clinics

Reedsport area of Douglas County

- AA, NA
- ADAPT
- Battered Persons Advocacy
- Better Breathers

Regional Resources

- Afterschool Programs
- Behavioral Health Providers
- Emergency Medical Responders
- Fire Departments
- First Responders
- Law Enforcement
- Lunch Buddy
- Outpatient Physical Health Providers
- Parks and Recreation departments
- Prevention works programs
- Public Health Department
- School Districts
- SNAP
- Young Life
- WIC



References

(2014, April 4). Retrieved from Baby Friendly USA: <http://babyfriendlyusa.org/eng.index.html>

(2014, April 4). Retrieved from Bright Futures: <http://brightfutures.aap.org/materials.html>

(2014, April 4). Retrieved from Baby & Me Tobacco Free: <http://babyandmetobaccofree.org>

(2014). Retrieved April 2014, from Mental Health First Aid: www.mentalhealthfirstaid.org

Alcohol. (2014, April 4). Retrieved from The Community Guide: <http://www.thecommunityguide.org/alcohol/eSBI.html>

Annie E. Casey Foundation. (2012). Retrieved April Monday, 2014, from KIDS COUNT data center: <http://datacenter.kidscount.org>

Centers for Disease Control and Prevention. (2011-2012). *Adult and Childhood Obesity Facts*. Retrieved April 14, 2014, from <http://www.cdc.gov/obesity/dat/facts.html>: <http://www.cdc.gov/obesity/data.html>

County Health Rankings & Roadmaps. (2014). Retrieved from County Health Rankings & Roadmaps: www.countyhealthrankings.org

County Health Rankings & Roadmaps. (2014, March 17). *Limited Access to Healthy Foods & Fast Food Restaurants*. Retrieved from County Health Rankings & Roadmaps Web site: www.countyhealthrankings.org

Health Indicators Warehouse. (2014). *Healthy food outlets (percent)*. Retrieved from Health Indicators Warehouse: www.healthindicators.gov

Mauer, B. M. (2006). *Morbidity and Mortality in People with Serious Mental Illness*. Alexandria VA: National Association of State Mental Health Program Directors.

NACCHO Toolbox. (2014, April 4). Retrieved from National Association of County & City Health Officials: <http://naccho.org/toolbox/>

National Suicide Prevention Lifeline. (2014, April 4). Retrieved from Imminent Risk Policy 2012: www.suicidepreventionlifeline.org

NREPP. (2014, April 4). Retrieved from SAMHSA's National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>

Oregon Food Bank. (2013). *The State of Our community Food System: A summary of Community Food Assessments in Rural Oregon*.

Oregon Health Authority. (2013). *Oregon Healthy Teens Report 2013*. Retrieved April 17, 2014, from www.public.health.oregon.gov

Oregon Health Authority: Public Health Division. (2010). *Maternal Depression in Oregon*. Oregon Health Authority.

- Oregon Public Health Division, Strategic Plan 2012-2017. (2013). *Priority: Reducing suicide*. Oregon Public Health Division.
- Oregon Vital Statistics County Data 2012*. (n.d.). Retrieved April 17, 2014, from Oregon. GOV: <http://public.health.oregon.gov/vitalstatistics/annualreports/County>
- Public Health Division. (2010). *Suicides in Oregon: Trends and Risk Factors*. Oregon Violent Death Reporting System Injury and Violence Prevention Program, Center for Prevention and Health Promotion.
- Public Health Oregon*. (2014, April 6). Retrieved from Prevention Wellness, Safe Living, Suicide Prevention: <http://public.health.oregon.gov/preventionWellness/SafeLiving/SuicidePrevention/Documents/OlderAdult/plan.pdf>
- Rural Studies Program. (2005). *Defining Rural Oregon: An Exploration*. Oregon State University.
- Social Programs That Work HELP PD*. (2014, April 4). Retrieved from Coalition for Evidence-Based Policy: <http://evidencebasedprograms.org/healthy-living-partnerships-to-prevent-diabetes>
- State Epidemiological Outcomes Workgroup. (2013). *Columbia County's Epidemiological Data on Alcohol, Drugs and Mental Health*. Oregon Health Authority.
- State Epidemiological Outcomes Workgroup. (2013). *Tillamook County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012*. Oregon Health Authority.
- State Epidemiological Outcomes Workgroup. (2013). *Clatsop County's Epidemiological Data on Alcohol, Drugs and Mental Health*. Oregon Health Authority.
- State Epidemiological Outcomes Workgroup. (2013). *Clatsop County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012*. Oregon Health Authority.
- State Epidemiological Outcomes Workgroup. (2013). *Douglas County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012*. Oregon Health Authority.
- State Indicator Report, Nutrition*. (2014, April 4). Retrieved from Center for Disease Control: www.cdc.gov/nutrition/downloads/StateindicatorReport2009.pdf
- Substance Abuse Prevention/Treatment*. (2014, April 4). Retrieved from Coalition for Evidence-Based Policy: <http://evidencebasedprograms.org/1366-2/lifeskills-training>
- Violence Schoolbased Programs*. (2014, April 4). Retrieved from The Community Guide: www.thecommunityguide.org/violence/schoolbasedprograms.html
- Walk with Ease: Your guide to walking for better health, improved fitness and less pain. Third Edition*. (2009). Atlanta GA: Arthritis Foundation.
- World Health Organization (WHO). (2007). *What is mental health?* Retrieved April 17, 2014, from <http://www.who.int/features/qa/en/index.html>



Columbia Pacific CCO

www.colpac.org

06.30.14