

# Willamette Valley Community Health

## Introduction

Willamette Valley Community Health (WVCH) serves Oregon Health Plan members who reside in Marion and Polk counties. The WVCH patient population is comprised of over 100,000 unique members dispersed across a service area that contains both urban and rural settings. The largest concentration of WVCH members are found in the following areas:

- Salem/Keizer (65%)
- Woodburn/Silverton (10%)
- Dallas/Independence (7.5%)
- Stayton/Aumsville (4%)

These members represent numerous ethnicities, with Caucasians (48%) Hispanics (32%) and African Americans (1.3%) being the largest groups.

## CHP Process

The WVCH Community Advisory Council (CAC) has been charged with overseeing the development and implementation of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). To assist these efforts, the WVCH CAC called for the formation of a CHA-CHIP workgroup consisting of CAC members, public health officials, and CCO representatives. This group used existing community resources to devise a WVCH CHA that reflected prominent community needs and resources.

The group ultimately identified 21 health indicators that it believed were critical to the health and well being of the community. These indicators were categorized and presented to the WVCH CAC to determine which ones would be included in the CHIP. The group ultimately identified four primary indicators to focus on during the upcoming CHIP cycle.

## Community Health Improvement Plan Health Priorities

1. Depression Screening
2. Timeliness to Prenatal Care
3. Obesity Intervention and Prevention
4. Tobacco Prevention and Cessation

## Strategies for Health Priorities:

Create and distribute a depression screening test to our physical health providers who are part of our system.

- This strategy is to determine our current providers knowledge of depression signs, symptoms, treatment options and billing for screenings.
- This test will inform us on which areas of training we need to focus on regarding our physical health providers and depression.
- These trainings will increase engagement of physical health providers for: depression screening, treatment, and appropriate referrals.

Conduct an assessment of the current prenatal care system serving CWX and WVCH women.

- We selected this strategy in order to better understand what our current prenatal care system covers and then determine the gaps in our system.
- After our assessment we will be able to address these gaps to improve our current prenatal care system to provide services to all women needing care.
- We are wanting to increase the percent of women receiving prenatal treatment in the first trimester.

Develop a toolkit for obesity intervention and prevention

- This toolkit will provide those who are overweight/obese or at risk of becoming overweight/obese resources for free web-based services, physical activity resources, and referrals to weight management programs within Marion and Polk County.
- By providing a toolkit, community members will have a better understanding of support that is readily available to them within their community.
- Our desired outcome is to decrease the percent of obese adults and teens within Marion and Polk County by 3% by 2020.

Facilitate a community wide survey on tobacco prevention and cessation

- This survey allows us to determine what services are currently being provided in the community and begin cross organizational linkages.
- Allowing us to better coordinate our resources to provide the best treatment possible for our members.
- Main goal of this health priority would be to enhance the awareness and availability of preventative services within the community.