Lane County
Community Health Improvement Plan
Community Team

- Common understanding
- Common measures
- Common narrative
- Common objectives
- Common plan
- Varying roles
The community is defined as Lane County.
Sample Data Sources
National, State and Local
(Note: Very little use of hospital data)

- 2010 US Census
- Healthy People 2020
- CDC obesity data / maps
- National Prevention Strategy, the National Prevention Council, June 2011
- Oregon Healthy Teens 2007-2008 8th and 11th grade summarized
- United Way of Lane County’s 2008 Leading Indicators Report
- Lane Senior & Disabled Services, 2011 Community Needs Assessment
- Oregon Tobacco Prevention and Education Program
- County Health Rankings, 2012
- Head Start of Lane County Community Assessment 2011-2012
- Healthy Air Survey, Lane County Public Health
- Oregon Tobacco Facts and Laws
- Prevent Obesity – Institute of Medicine
- Oregon Student Wellness Survey
- Lane County Housing tenant survey
- Eugene Taskforce on homelessness
Qualitative Data: Community Engagement

- Outreach to existing community groups
  - Rotary & other service groups
  - Social service organizations
  - Religious groups
- Focus groups: United Way Community Conversations
- Public forums
- Public officials:
  - County commissioners
  - City councils
  - School boards
- Key stakeholder interviews
- Surveys: written and online
Key Finding: Lane County is growing older, especially our rural communities.

Percent 65 years of age or older

- Cottage Grove: 15%
- Creswell: 10%
- Eugene: 9%
- Florence: 37%
- Junction City: 14%
- Springfield: 12%

Source: 2010 Census
Key finding:
In 2012, 21% of Lane County and Oregon residents were uninsured, 2% better than 2011, but still worse than the national average.
Key Finding: Obesity

27% of Lane County residents are Obese
Key Finding: Tobacco

Prenatal Smoking, Oregon vs. Lane County, 1990 through 2009

Lane County
Oregon
Key Finding: Behavioral Health

Deaths per 100,000

Source: Lane County and Oregon Data from Oregon County Vital Statistics Book 2008; National Data from National Vital Statistics Report
Key finding: Childhood Immunizations

Religious Exemption Rates, 2000-2011

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Improvement Objectives

1. Improve Access to Care
2. Prevent and Reduce Tobacco Use
3. Prevent and Reduce Obesity
4. Improve Mental Health and Reduce Substance Abuse
5. Reduce Health Disparities
Strategies: Improve Access to Care

- Increase immunization rates
- Improve oral health
- Improve patient connectivity with physical, mental and behavioral health services
- Increase people with a primary care home
- Increase people enrolled in a health plan
- Healthcare workforce development
- Improve access to self-management programs
Strategies: Prevent and Reduce Tobacco Use

- Increase the tobacco tax
- Protect people from exposure to second hand smoke by creating tobacco-free properties and community events
- Promote the Oregon Tobacco Quitline
- Strengthen and enforce tobacco retail licensing to reduce sales to minors
Strategies: Prevent and Reduce Obesity

- Increase understanding of the role of sugary beverages in the obesity epidemic
- Build local champions for obesity prevention through encouraging local organizations to adopt and implement nutrition standards for foods and beverages sold at their sites
- Promote and support physical activity throughout the school and work day for students and employees
- Support legislative efforts to fund local obesity prevention efforts
Strategies: Improve Mental Health, Prevent & Reduce Substance Abuse

- Support community and organizational policies that promote mental health and reduce substance abuse
- Promote early identification and access to care of depression
- Promote strategies that discourage heavy drinking and illegal drug use
- Improve and increase early substance abuse intervention
- Support people in recovery and aftercare for mental illness and substance abuse
Strategies: Reduce Health Disparities

- Raise awareness and understanding of health disparities among elected officials and other community leaders
- Examine every policy and program to assess negative impacts on specific groups
- Improve data collection systems so we can monitor progress (including disparities between urban and rural areas)
- Increase the availability of culturally competent and nontraditional health workers
Steps for Success

- Close collaboration with community partners.

- Organizational infrastructure
  - Leadership
  - Accountability

- Budget implications
  - Focus existing resources on community health priorities
  - Align community health with other improvement priorities
  - Identify new resources needed
  - Leverage external funding, e.g. grants
Lane County Community Health Improvement Structure

Community Input

Convene, Coordinate, Advise
Monitor & Report

Needs Assessment

Plan

100% Access Coalition
Convene, Coordinate, Advise
Monitor & Report

Health Objective Workgroup
Health Objective Workgroup
Health Objective Workgroup
Health Objective Workgroup
Health Objective Workgroup

Schools
Social Services
Faith Communities
Business
Government
Health Care

Community Impact