



**100% Health**  
Community Coalition



# Community Health Assessment

2018-2019

## EXECUTIVE SUMMARY



# Acknowledgements

This report was developed by the 100% Health Executive Committee and Live Healthy Lane (LHL), which is comprised of Lane County, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, and other organizations invested in the Lane County's 2018-19 Community Health Needs Assessment. LHL gratefully acknowledges the participation of community members in Lane County's Health Assessment including those who shared their important experiences with health, and those who engaged in facilitating assessments. A full list of individuals who led each assessment is listed in each assessment report found at [www.livehealthylane.org](http://www.livehealthylane.org).

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## INTRODUCTION

Creating a healthy community is a shared responsibility. By working together, we have the potential to create a caring community where all people can live a healthier life. Live Healthy Lane (LHL) brings together Lane County, PeaceHealth Oregon Network, Trillium Community Health Plan, United Way of Lane County, local organizations, and community members to contribute to improving the lives of everyone in Lane County.

LHL uses the Mobilizing for Action through Planning and Partnerships (MAPP; NACCHO, 2018) model as the strategic framework for prioritizing community health issues and developing strategies to improve health outcomes. There are six phases of MAPP:

1. Organize for Success & Partnership Development;
2. Engage in Visioning;
3. Conduct a Community Health Assessment;
4. Identify Strategic Issues;
5. Formulate Goals & Strategies; and
6. Engage in the Action Cycle.

The final three steps together comprise creating and implementing the Community Health Plan (CHP). Step three, conducting a Community Health Assessment (CHA), includes four assessments<sup>1</sup>: 1) Community Themes and Strengths Assessment, 2) Local Public Health Systems Assessment, 3) Community Health Status Assessment, and 4) Forces of Change Assessment.

### MAPP: Mobilizing Action through Planning and Partnerships



This report is a summary of the four assessments that were conducted between April 2018-September 2019. The assessments were approved by the 100% Health Executive Committee, who steers LHL's work, on November 20, 2019. The CHA reports, including this summary report, can be found on LHL's website at [www.livehealthylane.org](http://www.livehealthylane.org). Community members are also invited to provide feedback on the CHA [here](#).

<sup>1</sup> Live Healthy Lane also conducted a fifth assessment called the Care Integration Assessment, which is not included in this Executive Summary and can be found at Live Healthy Lane's website [www.livehealthylane.org](http://www.livehealthylane.org).

## COMMUNITY THEMES AND STRENGTHS

The Community Themes and Strengths Assessment (CTSA) asks the questions:

- *What is important to our community?*
- *What is important to our quality of life and well-being?*
- *What assets do we have in our community?*

The CTSA conducted in 2015 provided such a wealth of information from a variety of individuals and organizations that LHL partners built upon rather than replicated the efforts. Thus, the 2019 CTSA focused on learning whether the community health issues identified in 2015 continue to be priorities in Lane County, and whether those priorities resonate specifically with people from groups and populations that were not as well-represented in the 2015 CTSA.

Broadly, the findings from the 2019 CTSA are as follows:

- Populations targeted for participation were reached.
- There are some slight, but not significant, differences in perception about the barriers to health or access to facilitators of health among these populations compared to the county overall.
- The priorities identified in 2015 remain relevant and important to the community.

The strategic priorities, in order of ranked importance by community members<sup>2</sup> (with overall ranking score, on a scale of 1-7 with 1 being most important) are:

1. The ability to access affordable housing (2.05)
2. The ability to access living wage jobs (2.76)
3. The ability to access affordable, healthy food (3.73)
4. The ability to access mental health and addiction services (3.88)
5. The ability to access affordable, high-quality childcare (4.34)
6. Efforts to promote healthy behaviors (5.51)
7. The ability to access dental care (6.61)

Based on data from 2015 and comments on the 2019 survey, community members identified **collaboration, policy work, and general understanding of the social determinants of health** as assets for continuing the work on community health improvement.

<sup>2</sup>Based on the survey of over 500 members of the Lane County Community.

## LOCAL PUBLIC HEALTH SYSTEMS

The Local Public Health System Assessment (LPHSA) asks the question:

- *What are the activities, competencies, and capacities of our local public health system?*

The 2018 LPHSA focused on the four essential public health services most relevant to current and future Community Health Plan (CHP) work:

- Essential Service 3 (ES 3): Inform, educate, and empower people about health issues
- Essential Service 4 (ES 4): Mobilize community partnerships to identify and solve health problems
- Essential Service 5 (ES 5): Develop policies and plans that support individual and community health efforts
- Essential Service 7 (ES 7): Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Compared to 2015, **the local public health system has improved** in all these areas:

Essential Service	2015 Score	2018 Score
Educate/Empower (ES 3)	39.8%	66.7%
Mobilize partnerships (ES 4)	55.2%	61.5%
Develop policies/plans (ES 5)	52.1%	75.0%
Link to health services (ES 7)	53.1%	62.5%
<b>Scoring</b>		
Optimal Activity (76-100%)	<i>No room for improvement</i>	
Significant Activity (51-75%)	<i>Room for minor improvement</i>	
Moderate Activity (26-50%)	<i>Room for improvement</i>	
Minimal Activity (1-25%)	<i>Room for substantial improvement</i>	
No Activity (0%)	<i>Significant improvement needed</i>	

The following areas of focus were identified for continuing the work of improving the community's health:

- Effective and appropriate data sharing and communications
- Communication about the broad and integral nature of public health
- Engagement with community partners, especially the business community, to better integrate and understand each other's contributions to community well-being
- Communicate with and engage the community to increase understanding of housing as a public health issue and the importance of addressing mental health needs as a piece of improving access to housing
- Continue to focus on health promotion and health education

## COMMUNITY HEALTH STATUS

The Community Health Status Assessment (CHSA) asks the question:

- *How healthy are our community members?*

The assessment covers a range of health outcomes, health behaviors, and social determinants of health. In 2015, a subcommittee of LHL came together to select indicators for the CHSA. Those indicators were updated in 2018-19 with the most recently available data.

The major CHSA findings, listed below, are categorized into those that contribute to “A Healthy Community” and those that are “Potential Priority Areas:”

### A Healthy Community

- Lane County’s population is growing more slowly than Oregon’s overall and is becoming increasingly racially/ethnically diverse.
- Lane County’s environment is generally clean, with good air and water quality.
- Thanks to the Affordable Care Act, Lane County’s uninsured population is decreasing and preventive health screenings are increasing.
- Lane County residents are slightly more physically active and eat more servings of fruits and vegetables than the state overall, however, both are still well below CDC recommendations.
- Rates of chronic disease have remained stable in Lane County in the past few years.

### Potential Priority Areas

- Despite recovery from the 2008 recession, Lane County continues to struggle economically:
  - 20% of Lane County’s population lives in poverty;
  - 40% of Lane County residents pay more than 30% of their income on housing; and
  - About 50% of Lane County’s elementary school children participate in the Free/Reduced Lunch program.
- The four-year cohort graduation rate for Lane County’s high school students is 74%, lower than the state overall.
- Lane County residents use tobacco, alcohol and marijuana at slightly higher rates than the state overall.
- Rates of depression and/or ‘poor mental health days’ appear to be increasing in Lane County.
- Rates of sexually transmitted diseases are increasing at an alarming rate in Lane County.

Although Lane County remains moderately healthy on the whole, there are **several health conditions and social determinants of health that vary dramatically based on race, ethnicity, and geography**, creating significant inequities in health and in the conditions necessary to create health.

## FORCES OF CHANGE

The Forces of Change Assessment (FOCA) asks the questions:

- *What is occurring or might occur that impacts the community’s health or local public health system?*
- *What specific threats or opportunities are generated by these occurrences?*

Five primary forces were identified, as well as the threats they pose and opportunities they offer.

Threats	Opportunities
<b>Housing</b>	
Pricing and inventory	Housing 1 <sup>st</sup>
Lack of housing at different levels of affordability	More local control
Increasing number of people navigating homelessness	Multi-generational pairing options
Gentrification	Supportive housing
	More flexibility in land use
<b>Federal/State politics</b>	
Loss of the Affordable Care Act	Innovations to funding
Cuts to social safety net	Proactive engagement of communities
Immigration policies	More local collaboration
<b>Immigration</b>	
Fear of accessing services	Opportunities to strengthen cultural competence
Hate crimes	Integration of services
Loss of federal funding due to sanctuary status	Advocacy for better policies
Increased health disparities	
<b>Technology</b>	
Social isolation	Integration and sharing of data
Privacy/PHI issues	Rural access/telemedicine
Generational knowledge gap	Strengthen privacy protections
Silos within systems of care	Internet as a public utility
<b>Public Discourse</b>	
Deep racism	Teaching to assume good intentions
Lack of objective news sources	More interagency cooperation
Lack of accuracy, honesty, and accountability	Engaging more community-based organizations
Equity seen as a negative	

Of note is the **interrelatedness of the primary forces** identified and the way the **threats and opportunities intersect**. Also of note, three of the primary forces, Housing, Immigration, and Technology, were also identified in the 2015 FOCA.

## ASSESSMENT THEMES

From the four assessments, the following themes emerged:

- A significant proportion of Lane County residents **lack access to affordable housing, living wage jobs, healthy food, and quality childcare**, all of which are key social determinants of health.
- There are **significant disparities** in both health outcomes and the social determinants of health in Lane County **based on race/ethnicity**.
- There is a concerning trend of **worsening mental health** among Lane County residents, especially youth.
- The **above conditions stem from and contribute to environmental conditions** that are detrimental to healthy behaviors and healthy outcomes for Lane County residents.

## NEXT STEPS

Guided by the 100% Health Executive Committee and LHL, the 2018-19 CHA is used to identify and prioritize health needs in Lane County, and informs the development of a Community Health Plan (CHP). Effective community health improvement is a continuous process that includes strengthening and building new partnerships, leveraging resources, and implementing and evaluating evidence-based approaches. More information about how Lane County's community works to improve its health and how to engage with this work can be found at [www.livehealthylane.org](http://www.livehealthylane.org).

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