



2017

# COMMUNITY HEALTH IMPROVEMENT PLAN DATA REPORT

## Update on Performance Measures

This report summarizes the latest progress on performance measures for the 2016-2019 Lane County Community Health Improvement Plan (CHIP). The report highlights Initiative 2, which is the only initiative where indicators have changed in a significant way. At this time, Initiative 1 and Initiative 3 do not have any significant changes for any measure. Initiatives are all summarized briefly in the Appendix.



United Way of Lane County



PeaceHealth



Community Health Plan



**PUBLIC HEALTH**

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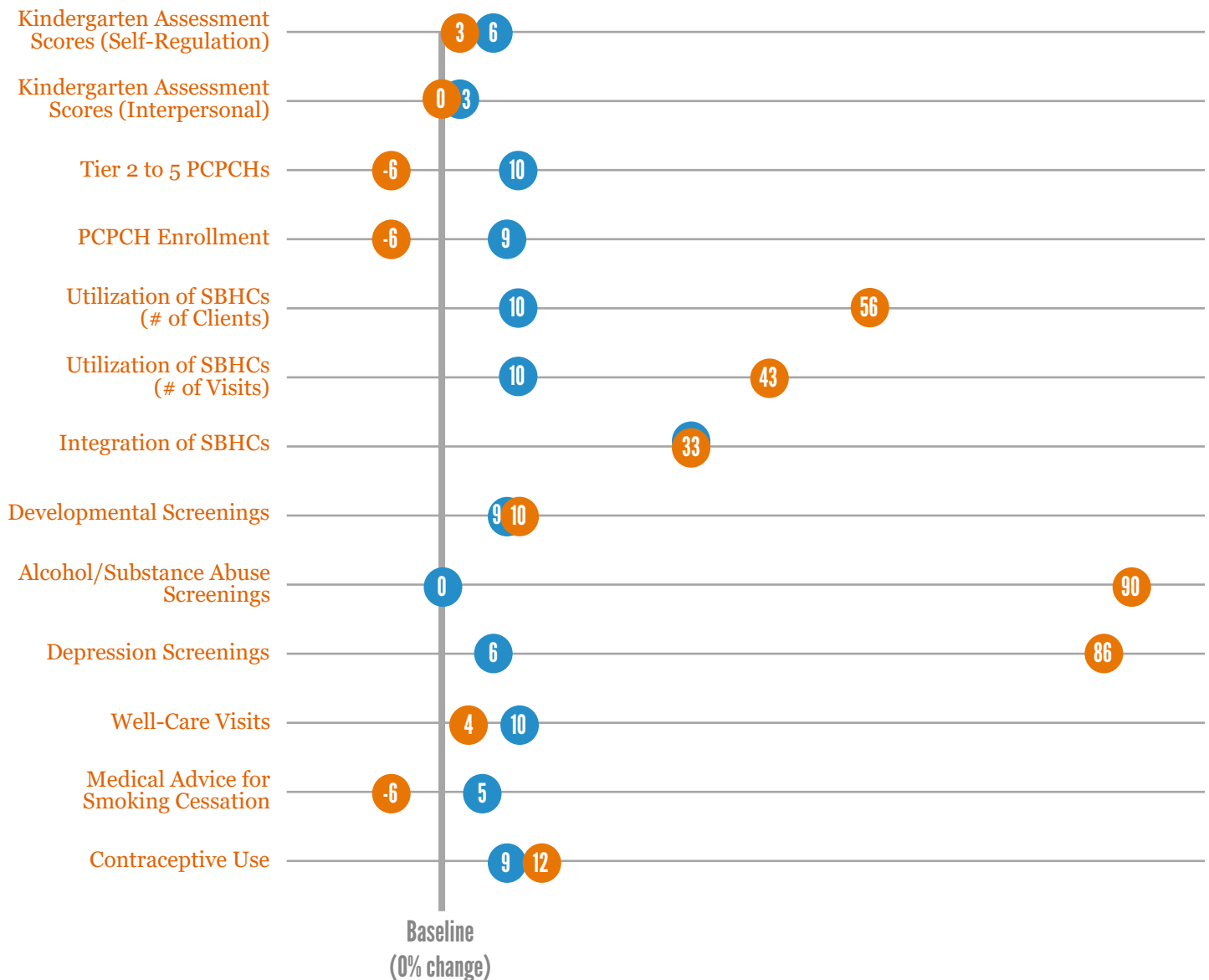
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## Initiative 2: Healthy Behaviors

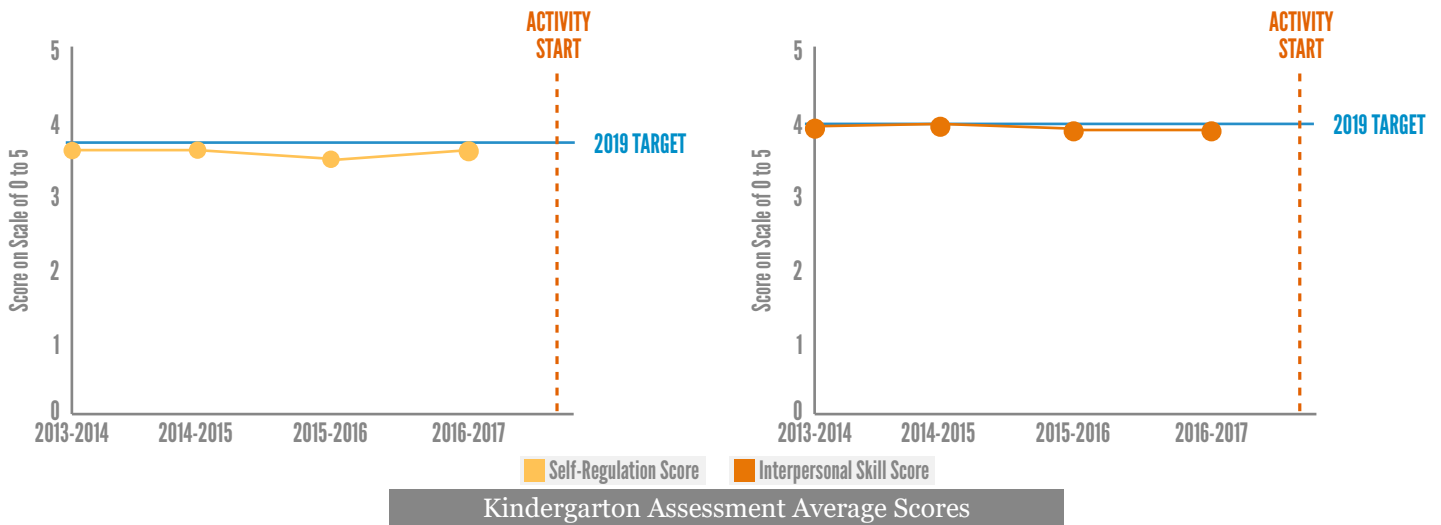
This initiative focuses on 1) promoting programs that support early childhood development and 2) supporting evidence-based preventative screening policies, referrals, and services. Overall, the availability and utilization of such services has improved within the last year primarily due to activities that were in motion prior to implementation of the CHIP. It would be inaccurate to directly attribute the changes reported here to CHIP related activities at this time. CHIP implementation began in quarters 3 or 4 of 2017 and many of the performance measures were improving or worsening prior to these dates.

### Initiative 2 Summary

Below reflects the percent change from baseline for the **current update** and for the **2019 target**.

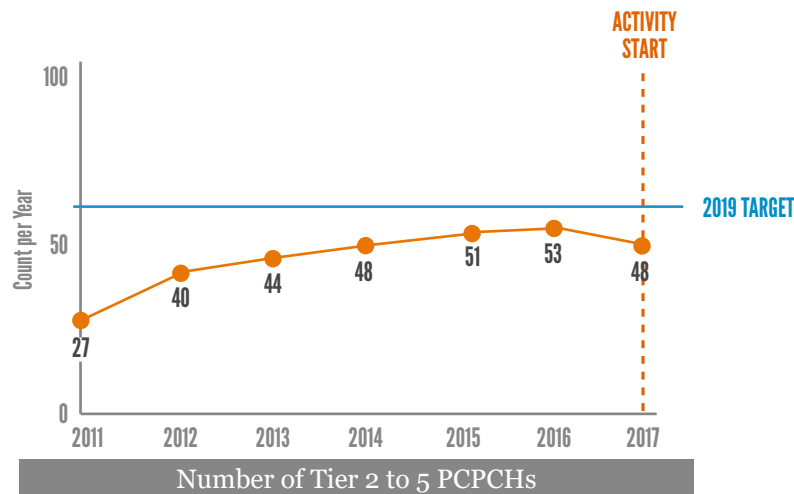


## Kindergarten Assessment Scores



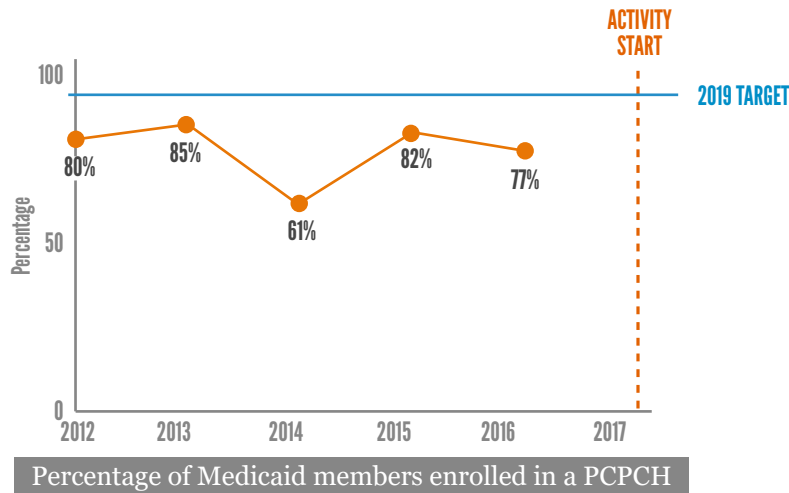
Providing children with a strong start helps set them on a path towards future success in school and in life. Kindergarten assessment scores measure how impactful activities are at encouraging healthy development. Average assessment scores have remained relatively stable from 2013 to 2017. From the 2015-2016 school year to the 2016-2017 school year, self-regulation scores increased from 3.5 to 3.6 and interpersonal skill scores stayed the same at 3.9. The 2019 goal for self-regulation is 3.7 and the interpersonal goal is 4.0.

## Tier 2 to 5 PCPCHs



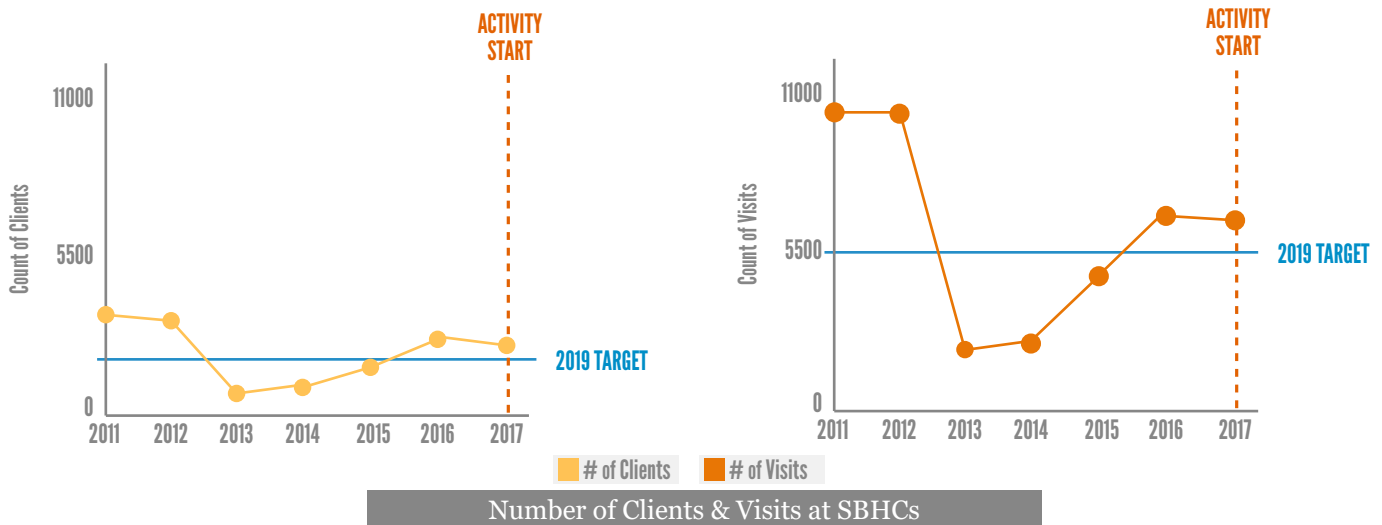
Patient-Centered Primary Care Homes (PCPCHs) offer high-quality, patient-centered care, by providing comprehensive coordinated healthcare services for Oregon Health Plan recipients. Clinics with higher ratings demonstrate greater integration and quality of care. The number of tier 2 to 5 clinics in 2015 was 51 and currently there are 48 in 2017. Although this is a partial year estimate, historical trends show that most tier recognition occurs before the month of October and this would indicate that a decrease in tier 2 to 5 clinics is likely for this year. This would be the first decrease since 2011. The 2019 goal is 56.

## PCPCH Enrollment



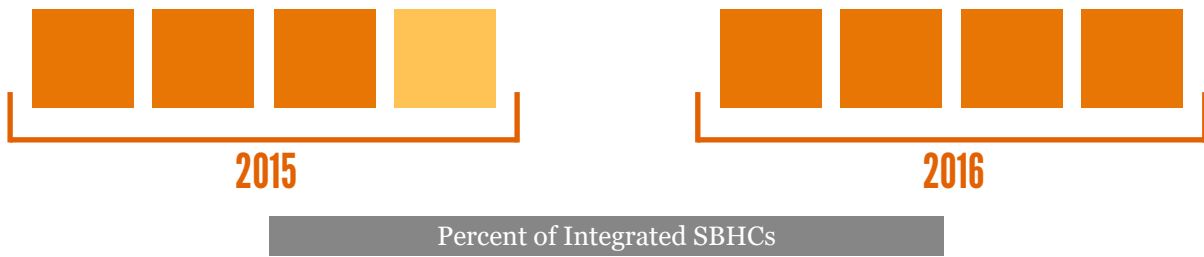
Availability of primary care services helps to ensure that disease and/or risk factors can be identified early when treatment works best. Access to primary care increases use of preventative services, improves overall health outcomes, reduces health disparities, and lowers health care expenditures. The percentage of Medicaid members enrolled in a PCPCH decreased from 82.4% in 2015 to 77.1% in 2016, a -6.4% change. The 2019 target is 90%.

## Utilization of SBHCs



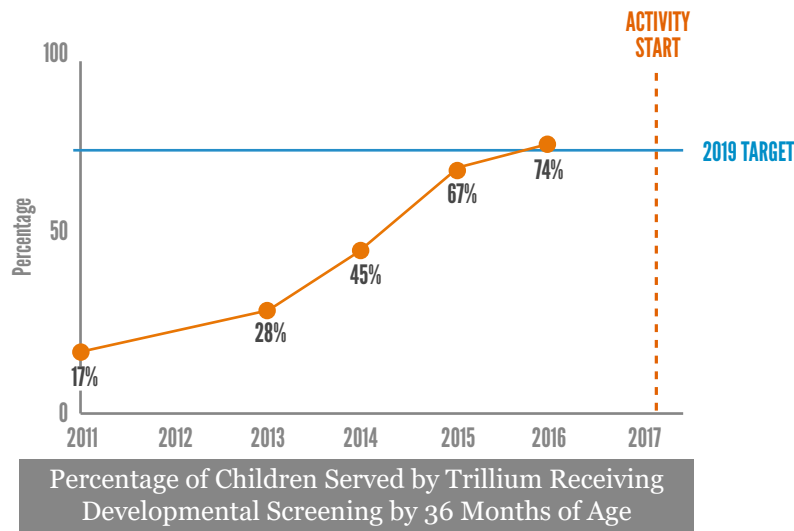
School Based Health Centers (SBHCs) provide health services for students and, in some instances, siblings, families, and other community members, regardless of their ability to pay or insurance status. SBHCs are convenient for children and their parents and can improve the availability of primary care and behavioral health services. The number of clients and visits increased significantly from the 2014-2015 school year to the 2016-2017 school year. The number of clients increased from 1,543 to 2,405, a 55.9% change and the number of visits increased from 4,595 to 6,585, a 43.3% change. The number of SBHCs during this time remained at 4 which highlights that utilization of these 4 centers has increased substantially.

## Integration of SBHCs



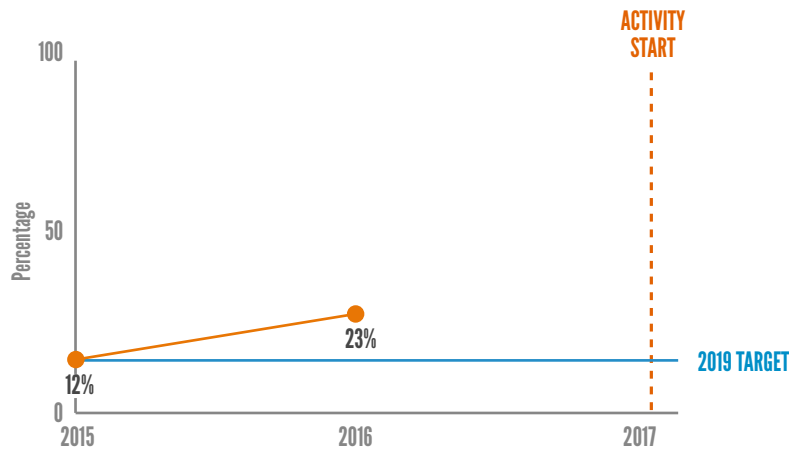
Integrated SBHCs can include primary care, behavioral/mental health services, and expanded care teams. Generally, they increase access to preventative health services. The number of SBHCs that are integrated increased from 3 to 4, a 33% increase between 2015 and 2016. 100% of SBHCs in Lane County are now integrated.

## Developmental Screening



Periodic developmental screenings establish consistent contact between healthcare providers and children. They also make it possible to track and monitor development over time. The percentage of children who received screening increased substantially from 67.2% in 2015 to 73.6% in 2016, a 9.5% increase. This measure has risen significantly since 2011 and has already surpassed the 2019 goal of 73%.

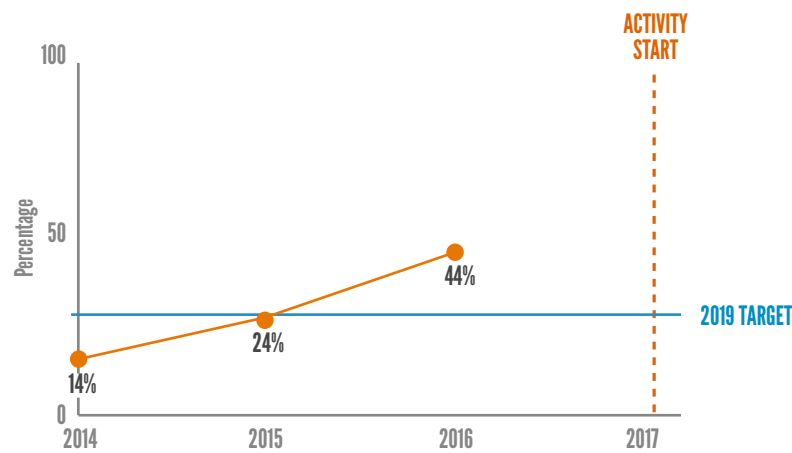
## Alcohol/Substance Abuse Screening



Percentage of Trillium Members (age 12+) Receiving Appropriate Screening & Intervention for Alcohol or Other Substance Abuse (SBIRT)

Screening for alcohol or other substance abuse is critical to prevent or intervene in early stages of addiction. SBIRT has been associated with reduced alcohol consumption and fewer heavy drinking episodes. The percentage of members who had appropriate screening and referral for alcohol or other substance abuse increased significantly from 12.2% in 2015 to 23.2% in 2016, a 90.2% increase. This surpasses the Oregon and CCO benchmark and the 2019 target of 12%.

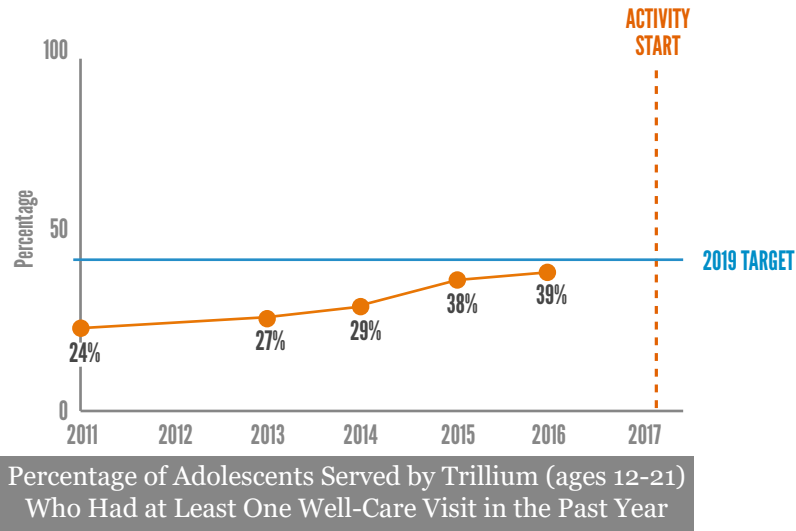
## Depression Screening



Percentage of Trillium Members (age 12+) Receiving Depression Screening (PHQ9 or PHQ2)

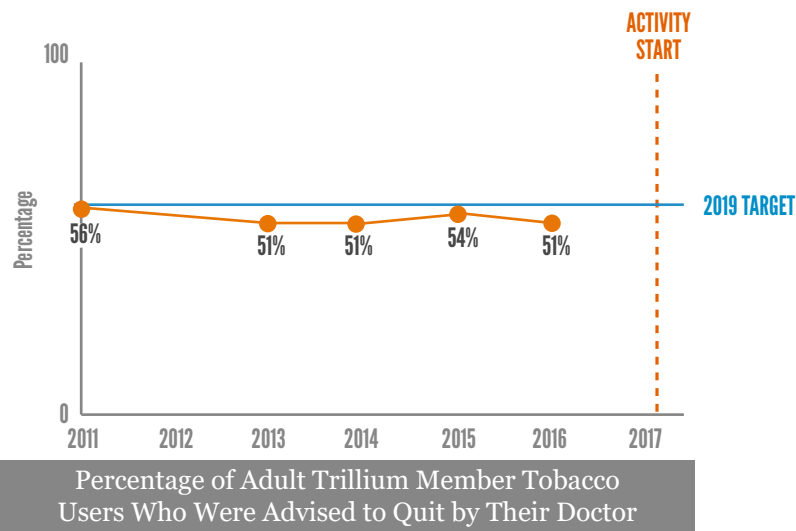
Depression screening can potentially identify those with undiagnosed depression, those who are at risk, or those that have been diagnosed but current treatment is not effective. Depression can severely inhibit one's ability to make healthy decisions for themselves and those around them. The percentage of members who had depression screening increased significantly from 23.5% in 2015 to 43.7% in 2016, an 86% increase. This indicator has continued to rise since 2014 and has already surpassed the 2019 goal of 25%.

## Well-Care Visits



Well-care visits among adolescents lay the foundation for healthy behaviors that can continue throughout their lives. Regular contact with healthcare professionals monitors this progress through a child's health and development. The percentage of adolescents who had at least one well-care visit increased from 37.8% in 2015 to 39.2% in 2016, a 3.7% increase. The 2019 goal is 41.5%.

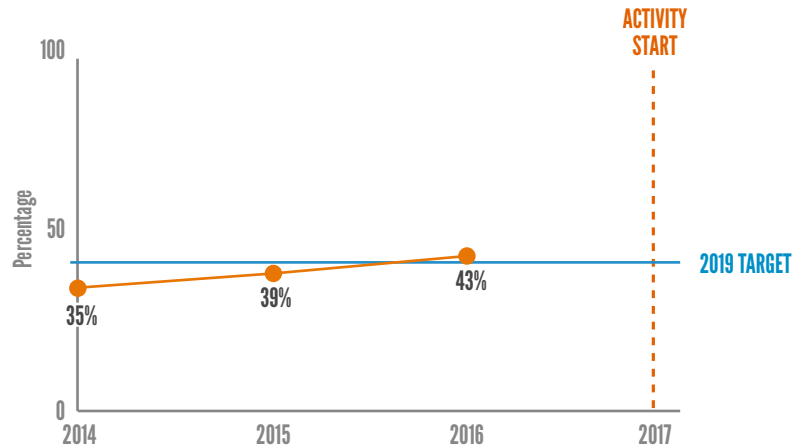
## Medical Advice for Smoking Cessation



Tobacco use is the leading cause of preventable disease in the United States. Medical assistance, as part of a comprehensive approach to smoking cessation, helps people quit. The percentage of adult users advised to quit by their doctors has remained relatively stable from 2011 to 2016. From 2015 to 2016, the percentage decreased from 53.8% to 50.6%. The 2019 goal is 56.4%.



## Contraceptive Use



Percentage of Trillium Women (ages 18-50) at Risk of Unintended Pregnancy Who Use Contraceptives Effectively

CHIP activities focus on improving pre-contraception counseling and pregnancy intention screenings. This indicator provides a sense of the impact such activities are having on reducing unintended pregnancies. Unintended pregnancies are associated with complications for both the mother and infant, inadequate or delayed prenatal care, and poor health outcomes. Effective contraceptive use can help prevent unintended pregnancies. The percentage of women at risk of unintended pregnancy who use contraceptives effectively increased from 38.6% in 2015 to 43.2% in 2016. This trend has continued since 2011 and has already surpassed the 2019 target of 42.2%.

# Appendix

Table 1: Initiative 1 - Social and Economic Opportunities

## Objective 1: Economic Development

	Trend	Baseline	Current	2019 Target
Percent of families with incomes below the living wage <sup>1,2</sup>	—	54.4% (2011-2015)	—	44%
Median Household Income <sup>3</sup>	—	\$44,103 (2011-2015)	—	\$43,779

## Objective 2: Affordable Housing

	Trend	Baseline	Current	2019 Target
Proportion of cost burdened low-income households <sup>4</sup>	—	76% (2009-2013)	—	75%
Number of supportive housing units <sup>5</sup>	➔	537 (2015)	532 (2017)	553
Number of services provided in supportive housing units <sup>6</sup>	➔	3,770 (2014-2015)	4,076 (2016-2017)	—

## Objective 3: Access to Healthy Food

	Trend	Baseline	Current	2019 Target
Proportion of school district's food budget spent on local foods <sup>7</sup>	—	29.6%	—	36%
Percent of producers participating in farm direct marketing <sup>8</sup>	—	22.9%	—	23.6%
Percent of total agricultural sales that are farm direct marketing sales <sup>8</sup>	—	4.0%	—	4.5%
Percent of population within close proximity to healthy food retail outlets <sup>9</sup>	—	38.6% (2013)	—	39.8%
Percent of low income population with low access to a supermarket, supercenter, or large grocery store <sup>8</sup>	—	32.4% (2015)	—	28%
Farmers' markets/1,000 population <sup>8</sup>	➔	0.05 (2013)	0.04 (2016)	0.06
Percent of youth and adults who consume at least 5 servings of fruits/veggies per day <sup>10,11</sup>	—	8th Grade: 22.8% (2015) 11th Grade: 17.2% (2015) Adults: 23.3% (2013-2015)	—	8th Grade: 23.4% 11th Grade: 19.3% Adults: 25%

**Key:** ➔ = Relatively stable — = Unavailable at this time

# Appendix

Table 2: Initiative 2 - Healthy Behaviors

## Objective 1: Early Childhood Development

	Trend	Baseline	Current	2019 Target
Kindergarten Assessment average scores (self-regulation and interpersonal skills) <sup>12</sup>	➡	Self-reg: 3.5/5 Interpersonal Skills: 3.9/5 (2015-2016)	Self-reg: 3.6/5 Interpersonal Skills: 3.9/5 (2016-2017)	Self-reg: 3.7 Interpersonal Skills: 4

## Objective 2: Preventative Health Services

	Trend	Baseline	Current	2019 Target
Number of Tier 2 to 5 PCPCHs <sup>13</sup>	—	51 (2015)	48 (Nov. 2017)	56
Percentage of Medicaid members enrolled in a recognized PCPCH <sup>13</sup>	⬇	82.4% (2015)	77.10% (2016)	90%
Utilization of SBHCs <sup>14</sup>	⬆	# clients: 1,543 # visits: 4,595 (2014-2015)	# clients: 2,405 # visits: 6,585 (2016-2017)	# clients: 1,697 # visits: 5,054
Percentage of SBHCs that are integrated <sup>14</sup>	⬆	75% (2015)	100% (2016)	100%
Percentage of children served by Trillium who receive developmental screening in the first 36 months of life <sup>13</sup>	⬆	67.2% (2015)	73.6% (2016)	73%
Percentage of Trillium members who had appropriate screening and intervention for alcohol or other substance abuse <sup>13</sup>	⬆	12.2% (2015)	23.2% (2016)	12%
Percentage of Trillium members who had depression screening (PHQ9 or PHQ2) <sup>13</sup>	⬆	23.5% (2015)	43.7% (2016)	25%
Percentage of adolescents served by Trillium who had at least one well-care visit in the past year <sup>13</sup>	⬆	37.8% (2015)	39.2% (2015)	41.5%
Percent of population who had a dental care visit in the past year <sup>10,11</sup>	—	8th Grade: 69.7% (2015) 11th Grade: 69.6% (2015) Adults: 64.1% (2013)	—	8th Grade: 76.2% 11th Grade: 74.8% Adults: 65.3%
Percentage of adult Trillium member tobacco users advised to quit by their doctor <sup>13</sup>	➡	53.8% (2015)	50.6% (2016)	56.4%
Effective contraceptive use percentage among Trillium women members at risk of unintended pregnancy <sup>13</sup>	⬆	38.6% (2015)	43.2% (2015)	42.2%

Key: ⬆ = Improving    ⬇ = Worsening    ➡ = Relatively stable    — = Unavailable at this time

# Appendix

Table 3: Initiative 3 - Collaborative Infrastructure

## Objective 1: Collaboration

	Trend	Baseline	Current	2019 Target
Number of hours and dollars contributed to the CHIP <sup>15</sup>	—	31 (2013-2016)	—	50
Dollars supporting common agenda goals <sup>15</sup>	—	—	—	—
Creation of a CHIP shared measurement system <sup>15</sup>	—	0	—	1
Essential Public Health Services and Model Standards Scores <sup>16</sup>	—	Average Score: 50.3% EPHS #4: 55.5% (2015)	—	Average Score: 55.6% EPHS #4: 61.05%

## Objective 2: Healthy Workplaces

	Trend	Baseline	Current	2019 Target
Number of organizations that have a formally adopted “health in all policies” approach to decision making <sup>15</sup>	—	1 (2016)	—	6 organizations across 3 sectors
Number of tobacco- and smoke- free environments <sup>17</sup>	—	48 (2016)	—	53
Number of policies that address the main drivers of youth tobacco use <sup>17</sup>	—	55 (2016)	—	—

**Key:** — = Unavailable at this time

## References

- 1 Family Type by Presence of Own Children Under 18 Years By Family Income in the Past 12 Months, 2011-2015. American Community Survey 5-Year Estimates
- 2 Living Wage Calculator, 2016, Massachusetts Institute of Technology
- 3 Median Income in the Past 12 Months, 2011-2015, American Community Survey 5-Year Estimates
- 4 CHAS Data Query Tool, 2009-2013
- 5 Continuum of Care Housing Inventory Count Reports, Housing and Urban Development
- 6 Lane County Homeless Housing Inventory, 2017
- 7 The Farm to School Census, 2014-2015
- 8 USDA Food Environment Atlas
- 9 Lane County Health Mapping
- 10 Oregon healthy Teens Survey, Oregon Healthy Authority
- 11 Adult Behavior Risk Survey Data, Behavioral Risk Factor Surveillance System, Oregon health Authority
- 12 Kindergarten Assessment, Oregon Department of Education
- 13 CCO Metrics Final Performance Report, Oregon Health Authority
- 14 State Program Office School-Based Health Centers. Oregon SBHC Encounter Data, 2010-2017. 2017.
- 15 Annual CHIP Survey
- 16 Lane County Community Health Assessment
- 17 Lane County Public Health