

2016-2019 Community Health Improvement Plan Development

◆ Formulating Goals and Strategies ◆

EXECUTIVE SUMMARY

Formulating goals and strategies based on the identified strategic issues is the fifth phase of the Mobilizing for Action through Planning and Partnerships (MAPP) process and the beginning of the development of the Community Health Improvement Plan. Goals and strategies, defined as follows, provide a connection between the current reality and the vision.

- Goals – broad, long-term aims that define the strategic issues desired results.
- Strategies – patterns of action, decisions, and policies that guide a local public health system toward a vision or a goal.

Completing Phase Five answered the following questions:

- *What are the long-term results associated with the identified strategic issues?*
- *What strategies can the community take to reach the goals?*

Phase Five was conducted between February and April 2016, during which time meetings were held with the Core Team, CHIP workgroups, Steering Committee, and local public health system stakeholder organizations. The phase resulted in the adoption of an interrelated set of goals and strategy statements. In April 2016, the Steering Committee approved two goals and seven strategies for the 2016-2019 Lane County Regional Community Health Improvement Plan.

Goals:

- Increase economic and social opportunities that promote healthy behaviors.
- Increase healthy behaviors to improve health and well-being.

Strategies:

- Support economic development by investing in workforce strategies that provide sustainable family wage jobs.
- Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.
- Assure availability of affordable healthy food and beverages in every community.
- Strengthen cross-sector collaborations and align resource to improve the physical, behavioral, and oral health and well-being of our communities.
- Encourage organizations across multiple sectors to integrate health criteria into decision making, as appropriate.
- Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.
- Support the implementation of evidence -based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.

This collection of goals and strategies provides a comprehensive picture of how local public health system partners will achieve a healthy community. Goals set a common direction and understanding of the anticipated end result. Strategies communicate how our community will move in that direction. The emphasis on action also serves a critical role in linking planning to implementation.



PROCESS AND RESULTS

This document explains the process and outcome of formulating the goals and strategies for the 2016-2019 Lane County Regional Community Health Improvement Plan. It was determined that Phase Five and the involved steps would be best conducted through a series of meetings with small group work conducted in between. The Core Team and Steering Committee saw the benefit in first developing a visual process framework and timeline for MAPP's Phase Five and Six.



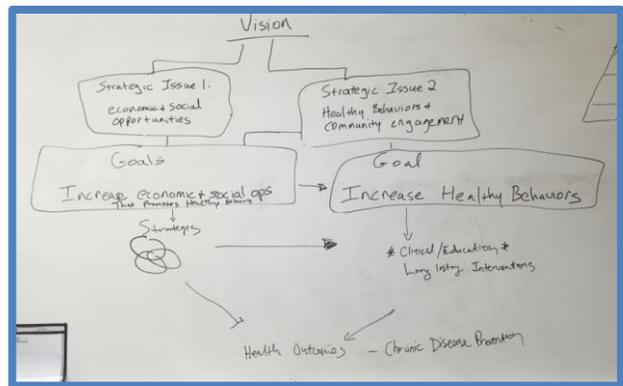
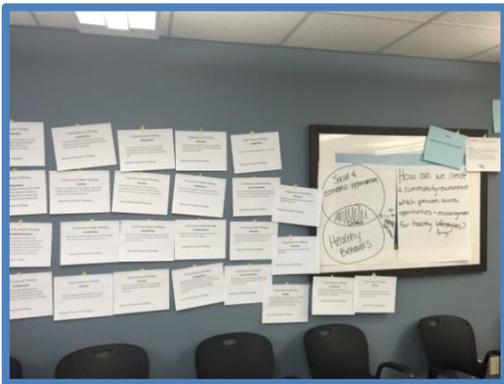
Timeline

February	- Core Team researches, evaluates, and eliminates strategies.
March	<ul style="list-style-type: none"> - Steering Committee evaluates strategies. - Stakeholders evaluate strategies. - Core Team refines and packages strategies.
April	<ul style="list-style-type: none"> - Steering Committee reviews and selects final strategy package. - Core Team and stakeholders develop potential objectives.
May	<ul style="list-style-type: none"> - Steering Committee reviews potential objectives and desired outcomes. - Objective development continues.
June	<ul style="list-style-type: none"> - Steering Committee approves final objectives. - CHIP (goals, strategies, objectives) is complete.
Summer	- Action Teams form and action plans are drafted.

Develop Goals Related to the Vision and Strategic Issues

Strategy development begins with an understanding of the desired result. These results are best expressed as goal statements that come from two sources: the vision and the strategic issues. With the two Community Health Improvement Plan's strategic issues identified and a process framework created, the next step in the process is to set the goals. Having clear goals provides a focus for strategy development. *What do we want and why do we want it?* Answering this question thoroughly will help define our goal and help guide the search for effective strategies to implement.

Four goal formation brainstorming meetings, consisting of Core Team and organizational staff members, were held between February 11 and February 25. The primary objective for these meetings was to formulate goal statements by reviewing the relationships between components of the vision statement and the developed strategic issues.



These meetings led to the drafting of goal statements. In the final meeting, core team members reviewed the presented two goal statements and offered feedback to be shared. Two goal statements, representing the convergence of the two strategic issues, were approved by the Steering Committee on March 10, 2016. For goal rationale, see Appendix A.

- ❖ **Goal:** Increase economic and social opportunities that promote healthy behaviors
- ❖ **Goal:** Increase healthy behaviors to improve health and well-being.

Generate Various Strategies

Once the goals were developed, the next step was to consider and identify potential strategies for achieving the goals and attaining the community vision. The search for workable strategies was flexible, yet systematic and deliberate. To foster creativity, this phase began with a broad focus, and then gradually added the details provided by analysis.

Between February 11 and March 3, the Core Team researched the following plans to identify strategies related to healthy behaviors and/or social and economic opportunities. The task in this step was to not pick the best course of action, but to first identify numerous strategies to reflect the range of choices the community may select from to reach its vision.

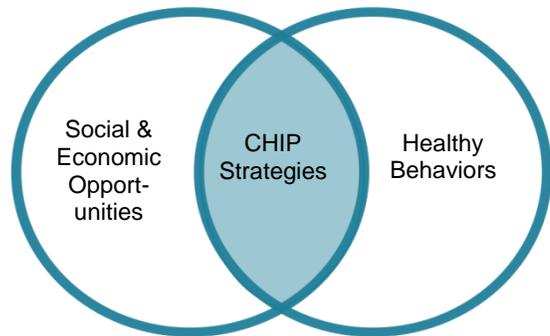
- Oregon State Health Improvement Plan
- National Prevention Strategy
- Healthy People 2020 Objectives
- CDC Winnable Battles
- Other National Plans
- Local Plans

From the strategy research, over 120 strategies were identified. Using the public health impact pyramid (see Appendix B) as a guide, the strategies were then organized into five intervention-level categories: social/economic environment, built environment, policy and governance, long-lasting intervention, and clinical/education.

These strategies addressed topics such as economic development, food security, access to physical activity, active transportation, food environment, nutrition, income and wealth, housing, education, social participation, safe and nurturing environments, suicide prevention, and childhood development.

The core team reconvened six times in February and March to consider the strategies for further refinement, consolidation, evaluation, and elimination. At this point, strategy development had a brainstorming feel to it as members searched for a range of possibilities for addressing issues and reaching the vision.

To keep the scope of the Community Health Improvement Plan realistic and manageable, the Steering Committee and Core Team decided that any strategies in the plan must advance *both* community health goals (healthy behaviors and social/economic opportunities). Subsequently, between February 29 and March 9, the Core Team assessed each strategy as to whether it advanced both goals. If a strategy was determined to only advance one goal, it was eliminated. This resulted in a shortened list of 25 strategies for further evaluation.



Evaluate Strategies and Identify Potential Barriers

To begin to add realism to the strategy alternatives, barriers to implementation were then considered. Barriers include insufficient resources, lack of community support, and limited organizational or management capacity, among other issues. To make strategy evaluation more systematic, less complex, and possibly less subject to debate, evaluation criteria were agreed upon.

Twenty-five strategies (see Appendix C) were evaluated between February 23 and March 31. Through in-person discussion and an electronic survey, the Core Team, the Steering Committee, and approximately 60 stakeholders evaluated the proposed strategies based on the criteria indicated in the chart below. This process was useful in looking at how the identified strategies and goals relate to each other, as well as for resolving redundancies and identifying gaps.

Who	Evaluation Criteria
Core Team	<input type="checkbox"/> Positive health impact/outcome <input type="checkbox"/> Cross-sector collaboration potential <input type="checkbox"/> Positive impact on equity
Steering Committee	<input type="checkbox"/> Available resources: funding, personnel time/expertise, space, etc. <input type="checkbox"/> Leadership support: leadership resources & organizational strategic alignment
Stakeholder Groups	<input type="checkbox"/> Current work occurring <input type="checkbox"/> Stakeholder resources <input type="checkbox"/> Community support

The Core Team met three times to consider the strategy evaluations and implementations details in order to develop strategy packages.

Consider Implementation Details

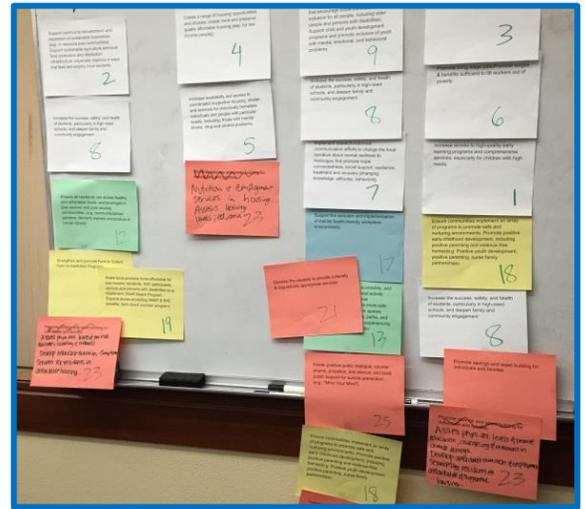
Based on the evaluations of each strategy, a Core Team subcommittee examined and discussed the strategy evaluations together to understand their relationships to one another and the impact on implementation. In these discussions, strategies were not only seen as alternatives, but as complementary elements of a strategy set. For example, in some cases, two closely-related strategy alternatives were consolidated into one more comprehensive strategy. In other cases, several strategies were related in sequential ways so that some are sub-strategies related to the implementation of others. Understanding the interrelationships between strategies offered a comprehensive picture of the larger plan that the community will implement to achieve the vision.

Between March 16 and March 31, four meetings convened with Core Team members to examine the strategies and develop strategy packages. On March 16, a Core Team subcommittee convened to begin preliminary strategy packaging, resulting in eight primary packages, each with between eight and thirteen strategies. Four preliminary packages were formed based around common themes, as well as how the strategies would work together. Four additional packages were formed based on the evaluation scores.

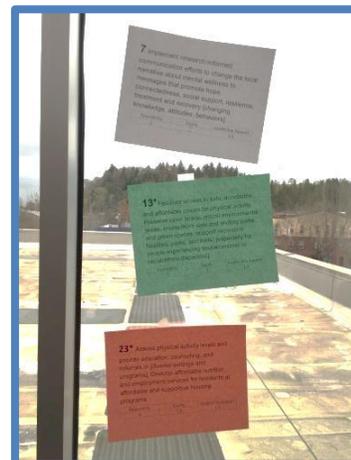
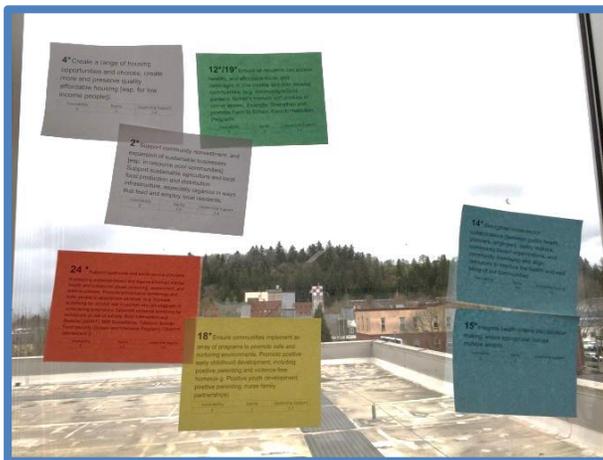
After review and feedback from the Core Team, the subcommittee reconvened on March 21 to refine the eight preliminary strategy packages into a core package set of strategies and optional add-in strategies. As the strategy packages were developed, this put the Core Team in a better position to more clearly refine the strategies.

The core strategies were selected based on the following criteria:

- Strong goal alignment
- Evaluation scores:
 - Positive health outcomes
 - Cross-sector collaboration potential
 - Equity impact
 - Available resources
 - Alignment with current local work
 - Community support
- Synergy with other strategies
- CHNA assessment support



Three potential strategies were then identified as optional add-ins. Each add-in strategy would give the strategy package more of a specific focus and emphasis.



CORE STRATEGIES:

Strategy	Intervention-Level
A. Support community economic development through investment in and expansion of sustainable businesses that feed and employ local residents. B. Create and preserve a range of quality affordable housing opportunities.	Social/Economic Environment
C. Assure all residents have access to affordable, healthy foods and beverages in the communities in which they live.	Built Environment
D. Strengthen cross-sector collaborations and align resources to improve the health and well-being of our communities E. Integrate health criteria into decision making, where appropriate, across multiple sectors.	Policy and Governance
F. Assure communities implement a broad array of programs to promote positive early childhood development and safe/nurturing environments.	Long-Lasting Intervention
G. Support healthcare and social service providers in adopting evidence-based comprehensive preventative screening and referral policies and services.	Clinical/Education

OPTIONAL ADD-IN STRATEGIES:

Strategy	Intervention-Level
H. Implement research-informed communications to promote positive mental wellness messages [hope, connectedness, social support, resilience, treatment and recovery].	Social/Economic Environment
I. Create and preserve access for all residents to affordable, safe & inviting places to be active.	Built Environment
J. Integrate wrap-around health and social services into supportive and affordable housing programs.	Clinical/Education

Four different potential package options were identified to be brought to the Steering Committee for final selection:

- Strategy Package 1: Core strategy package.
- Strategy Package 2: Core strategy package and add-in H.
- Strategy Package 3: Core strategy package and add-in I.
- Strategy Package 4: Core strategy package and add-in J.

The Core Team subcommittee also developed a score card to illustrate the evaluation scores (synergy, health impact, collaboration, equity, resources, leadership support, current work, and community support) for the individual strategies and potential strategy packages. The strategy score card is in Appendix D.

The Core Team reviewed the core and add-in strategies on March 25 and March 31. Members were asked to consider the final question: *Are the proposed strategies addressing the strategic issues and leading us towards the vision?* Group discussion followed, along with suggested edits made to the strategies.

Select and Adopt Strategies

On April 13, 2016 the Steering Committee convened to review the seven core strategies and three potential add-in strategies for final selection and adoption. At the conclusion of the April 2016 Steering Committee meeting, two goals and seven multi-level and multi-sectoral strategies were adopted for inclusion in the Lane County 2016-2019 Community Health Improvement Plan:

CHIP STRATEGIC ISSUES, GOALS AND STRATEGIES:

Strategic Issues	
How can we promote access to economic and social opportunities necessary to live a healthy life?	How can we promote healthy behaviors and engage the community in healthy living?
Goals	
<ul style="list-style-type: none"> • Increase economic and social opportunities that promote healthy behaviors • Increase healthy behaviors to improve health and well-being. 	
Strategies	
<ul style="list-style-type: none"> • Support economic development by investing in workforce strategies that provide sustainable family wage jobs. • Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing. 	Social/ Economic Environment
<ul style="list-style-type: none"> • Assure availability of affordable healthy food and beverages in every community. 	Built Environment
<ul style="list-style-type: none"> • Strengthen cross-sector collaborations and align resource to improve the physical, behavioral, and oral health and well-being of our communities. • Encourage organizations across multiple sectors to integrate health criteria into decision making, as appropriate. 	Policy and Governance
<ul style="list-style-type: none"> • Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments. 	Long-Lasting Intervention
<ul style="list-style-type: none"> • Support the implementation of evidence -based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers. 	Clinical/ Education

This phase produced a collection of goals and linked strategies that provide a comprehensive picture of how the local public health system partners and the community at large will work together to achieve a healthy community. The strategies will serve as the basis for the more specific action planning activities in the next phase.

Next Steps

Each adopted strategy calls for objectives to be identified and an implementation plan to be developed. The next phase in the MAPP process is the 'Action Cycle' which links three activities—Planning, Implementation, and Evaluation. The planning phase will begin in April 2016 and continue through the summer. It will include the following activities: organizing for action, developing objectives, establishing accountability for achieving objectives, and developing actions plans.

APPENDIX A

Goal Rationale

GOAL: Increase the economic and social opportunities that promote healthy behaviors

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Good health is far more than the absence of illness; our social and economic opportunities strongly affect our ability to lead healthy lives. Too many community members still do not have access to an equal measure of choices and opportunities to pursue healthy behaviors. By working to positively influence social and economic conditions that support changes in behavior, we can improve health for large numbers of people in ways that can be sustained over time. Improving the conditions in which we live, learn, work, and play will create a healthier community.

Community Health Needs Assessment Support:

FORCES OF CHANGE:

- Community Infrastructure
 - *Threats:* Unavailable low income housing and high cost of housing relative to income/ Unsafe parks. Lack of rural public transportation
 - *Opportunities:* Regional community planning and collaboration. Community gardens, safe parks, and access to food. Collaboration with city officials to improve road safety, expand parks and recreational venues
- Healthy Schools
 - *Threats:* Education funding cuts and state regulations impact school-based health centers; more sedentary children due to technology impacts; unfunded PE mandate
 - *Opportunities:* Create healthy lifestyles as the norm. Set the stage for healthy behaviors
- Environment
 - *Threats:* Lack of common language and understanding;
 - *Opportunities:* Public policy; utilizing 211 to support infrastructure; Education and awareness
- Education Funding
 - *Threats:* Competition for funding between early childhood, k-12, and higher education; need for additional revenue not to spread resources thinner; lack of tax base to adequately fund education; Oregon's outcomes for education could continue to slip below national averages, impacting our economic and social future;
 - *Opportunities:* Upstream approaches and future impacts on educational career; long term health across the lifespan; Going upstream; Community awareness and action to create political will; Leveraging resources and momentum around a P-20 continuum
- Affordable Housing
 - *Threats:* Disparity between housing costs and income earned; low housing vacancy rates push up prices and keep people out of market; Shortage of housing for those with mental health issues, which increases homelessness and medical needs; Lack of emergency shelter impacts emergency room services; Housing application fees
 - *Opportunities:* Emerald Village; Housing First; Re-entry for ex-offenders; DHS Child Welfare Strengthening, Preserving and Reunifying Families Housing for homeless families to maintain children with families; Lane County Poverty and Homeless board; collaboration to address issues; Re-entry for ex-offenders; DHS Child Welfare (CW) Strengthening, Preserving and Reunifying Families (SPRF) Housing for homeless families to maintain children with families; Beds for homeless; coordinated entry and database; Emerald Village; Housing First
- Changing Demographics
 - *Threats:* Shortage of resources & access to services; Lack of cultural competency in medical community; Increase in job competition and housing costs; Increasing gaps in SES groups

- *Opportunities*: Changing focus on upstream population (i.e. early ed); PH programs to serve diverse range of needs; Address disparity in workforce and generational workplace transitions; Technology to provide access & language translation; Access points to reach diff. populations; Improved conditions for deaf, poor vision to blind, & elderly population
- **Economy**
 - *Threats*: Poverty (hot spots, generational, etc.); cost of living; income inequality/inequity; Employment: increased job outsources, lack of qualified employees, livable wage jobs, declining benefits offered by employers, unequal opportunities
 - *Opportunities*: New growing and sustainable industries; job growth; Economic growth environment; Minimum wage increases; Education as critical to economic stability;
- **Poverty**
 - *Threats*: Greater demand for health and other social services; Dependency on system support; Disparity in the cost of living and wages is especially impactful on the growing elderly and disabled population and young families; Competition for low income employment with students limits access to labor market;
 - *Opportunities*: Programs for job seekers; Employment rate increases; Lane Workforce Partnership (LWP) convening sector strategy, education, and economic groups

LOCAL PUBLIC HEALTH SYSTEM:

- *Strengths*: Significant levels of system activity in the community health improvement process, strategic planning, and planning for public health emergencies; Strong cross-sector collaboration with a spirit of partnership to educate and promote health
- *Weaknesses*: There is no integrated, systems-wide approach to workforce assessment, development, and training that serves all LPHS members. Coordinating strategic planning and evaluating effectiveness across all LPHS members is limited (silos); Most are unaware of work being done related to enforcing, reviewing, or evaluating laws, regulations, or ordinances. The general opinion is that such work feels “opaque.”
- *Opportunities for Improvement*: Efforts need to be better coordinated and communicated with other agencies and policymakers, and the information should be translated and more widely disseminated to support community actions. Mobilizing and galvanizing advocacy and non-governmental agencies to advance local policy. Coordinate workforce recruitment efforts and leverage resources. Effectively use information technology. Share best practices outside of silos and implement innovative interventions when possible

COMMUNITY HEALTH STATUS:

- **Education**
 - Oregon has the 4th worst four-year high school graduation rate in the nation, with Lane County continuously falling below the state average. Disparities
 - Kindergarten assessment scores are strong and slightly higher than Oregon.
 - A high percentage of the population is enrolled in college or graduate school.
- **Poverty**
 - 20% live below poverty level, more than the state and national rate.
 - Students increase the number of households in Lane County living below poverty level. Students add to the demand for housing and are often able to pay the higher rent costs due to other sources of income. This often leaves those lacking additional financial support without affordable and sometimes safe housing.
- **Food Security**
 - Almost 22% of Lane County’s total population is receiving SNAP benefits.
 - The percentage of students eligible for the Free and Reduced Lunch Program in Lane County is 52.2% - higher than in Oregon. Districts across Lane County vary significantly.
- **Income**
 - The median income of all households consistently lags as compared to Oregon and the United States. Income disparities between white households and households of other races.

- Homelessness
 - In 2015, the Lane County homeless count was 1,473, lower than the previous year. After Multnomah County, Lane County has the largest homeless population in the state.
 - A higher percentage K-12 students in the county are homeless than the state
- Housing
 - In Lane County, 41% of householders are cost burdened (paying more than 30% of their income for housing), slightly higher than Oregon.
- Nutrition & Physical Activity
 - More adults meet guidelines for physical activity and fruit and vegetable consumption than the state overall, however only about 1 in 4 do so.
 - Lane County youth are more likely to meet physical activity guidelines, but are less likely to consume fruits and vegetables than Oregon youth overall.
- Access
 - Access to parks and open space is relatively high in Lane County, but does vary by neighborhood in the metro area.
 - Public transit is readily available in the metro area, but is limited or lacking in outlying/rural areas
 - Tobacco, alcohol and firearm retailers are readily accessible in most incorporated areas
 - Fast food is similarly accessible, while access to full service grocers and farm stands varies throughout the county and “food deserts” do exist both in the metro area and in outlying communities.

COMMUNITY THEMES & STRENGTHS:

- Survey: Access to healthcare, affordable healthy food, good jobs and healthy economy, and affordable housing were the top ranked issues from the survey in order to create a healthy community
- Focus group priorities of a healthy/thriving community: access to services, housing, access to healthy foods, public transportation
- *Strengths:*
 - Survey: the availability of parks and recreation spaces, clean environment , strong sense of community & community engagement, access to affordable, healthy food, & transportation options; satisfied with the quality of life in our community
 - Focus groups: parks, biking and walking paths; public awareness of the social determinants of health
 - Interviews: Traffic safety has increased, and metro area transportation has improved. There are more walking/ biking trails, more farmers markets, and more healthy foods in stores; economy is getting better
- *Weaknesses:*
 - Survey: Lack of affordable housing and homelessness ; not enough health and social services to meet the needs of the community
 - Focus groups: Lack of affordable housing and homelessness has a large impact on health; stress of the high cost of living, access to financial resources, and affordable healthcare; difficulty accessing resources. Low high school graduation rate and disparities. Need more community outreach and navigation. Knowledge of existing resources. Long-term food security and stability
 - Interviews: Poor housing quality/safety, affordability, and access; access to affordable healthy food; growth of poverty and economic disparity. Living wage jobs. Education system, graduation rate. Basic needs

GOAL: Increase healthy behaviors to improve health and well-being.

To create positive health outcomes, we must foster individual and community actions that promote good health from the start of life until its end. Community leaders, individuals, business, government and educators must forge powerful partnerships to inspire people to live healthier lives and engage in healthy behaviors (psychological, behavioral, and dietary behaviors). Personal choice and responsibility play a key role in attaining and maintaining health. However, the choices people make depend on the choices they have. By empowering the community to embrace healthy behaviors individual and population health outcomes are positively impacted.

Community Health Needs Assessment Support:

FORCES OF CHANGE:

- Health Schools
 - *Threats:* Children are more sedentary due to negative impacts of technology; education funding cuts; PE mandate is unfunded
 - *Opportunities:* Awareness of physical literacy and movement being incorporated into classroom learning; utilizing schools to share information and connect with entire families
- Community Infrastructure
 - *Threats:* Unsafe parks
 - *Opportunities:* Collaboration and community planning to expand parks and recreational venues; community gardens; safe parks; access to food
- Health Behaviors
 - *Threats:* Burden of health impacts of legalized marijuana; Loss of momentum for public health efforts with budget changes or lack of community engagement; Healthy community venues threatened by funding shifts; Food deserts expand; New technology further decreases need for activity
 - *Opportunities:* Local and organic food movement; nutrition awareness; outdoor recreation; Partnerships to create healthy workforces and grow consumer education programs; School-based programs to improve health behavior choices and provide physical education in schools; expand summer activity opportunities for children; Use of advertising to more effectively promote healthy choices; Advocate for policies to limit tobacco and cannabis smoke exposure; Expand data systems and leverage technology

LOCAL PUBLIC HEALTH SYSTEM:

- *Strengths:* Strong cross-sector collaboration with a strong spirit of partnership to educate and promote health. The public is very engaged in local issues and policy.
- *Weaknesses:* inadequate communication of health education and issues across sectors and institutions, as well as with the general public. Limited work is being done in maintaining population health registries. Inadequate activity in translating data into information and monitoring outcomes.
- *Opportunities for improvement:* Develop health communication plans, build relations with different media providers, and identify and train spokespersons on public health issues. Gain support for and participation in population survey efforts, including the Healthy Teen Survey. Maintain a feedback loop and use data to improve services.

COMMUNITY HEALTH STATUS:

- Death
 - Chronic diseases and accidents remain the leading causes of death, led by cancer and heart disease. Tobacco use remains the leading preventable cause of death
 - Suicide rates have slowly increased over the last decade in Lane County
 - Alcohol induced deaths have increased in Lane County
 - Drug poisonings have declined in recent years, but are higher than they were a decade ago
 - Gun related deaths in youth are higher in Lane County than in Oregon overall
- Chronic disease
 - Rates of obesity, asthma, high blood pressure, and high blood cholesterol are higher in Lane County than in Oregon
- Sexual activity

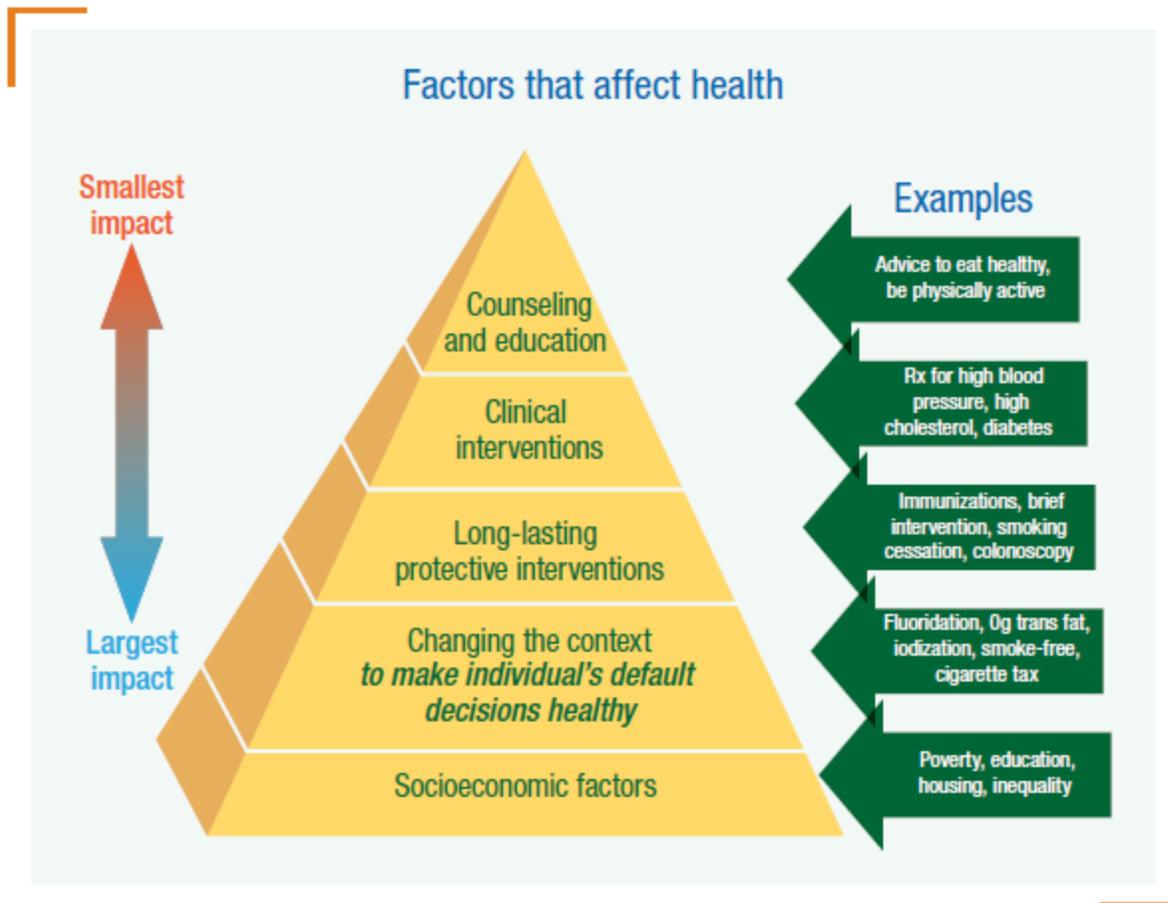
- Rates of sexual activity in youth is higher in Lane County than Oregon, yet youth who had sexual intercourse are more likely to use a condom and contraception, and are less likely to use alcohol or drugs at the time of intercourse.
- STDs (Chlamydia, Gonorrhea, Syphilis) have steadily risen over the last decade, and the rate has accelerated in the past 5 years
- Birth
 - Birth rates and births to teen-aged mothers have declined over the last decade
 - Infant mortality rates are generally higher in Lane County than the state average and have increased slowly over the past decade
- Nutrition & Activity
 - More adults meet guidelines for physical activity and fruit and vegetable consumption than the state overall, however only about 1 in 4 do so. Lane County youth are more likely to meet physical activity guidelines, but are less likely to consume fruits and vegetables than Oregon youth overall.
- Substance Use
 - Tobacco use has declined over the past decade, yet it remains the leading preventable cause of death and tobacco use is higher in Lane County than in Oregon overall. 1 in 5 use tobacco. Tobacco use in pregnancy higher than in the state
 - Adult binge drinking is higher, while binge drinking and alcohol use in general in youth has declined and remains comparable or lower in Lane County.
 - Prescription drug abuse is higher in Lane County than in Oregon.
 - Illicit drug use and marijuana use is comparable to the state, but higher than national rates.
- Care
 - Use of preventative screening and health services is generally lower in Lane County than in OR.
 - Dental care utilization is comparable to the state overall.

COMMUNITY THEMES & STRENGTHS:

- *Strengths:*
 - Survey: Availability of parks and recreation/natural areas; clean environment; ease of access. 90% of survey responses see the community as safe or somewhat safe. Majority (76%) indicated they are healthy or very healthy; yet health of community was only somewhat healthy (64%). Almost all indicated they have opportunities to be involved in the community
 - Focus Groups: Access to healthy food (affordability and access were barriers). Community engagement, involvement, collaboration, and volunteerism is strong. Public is aware of the social determinants of health. School gardens and community gardens
 - Interviews: Smoking cessation of pregnant women, declining tobacco rates
- *Weakness:*
 - Survey: alcohol & drug abuse was ranked as the top health problem.
 - Focus Groups: There are not enough services to meet the needs of the community. Long-term food security and stability. Families and children do receive proper education in schools to support healthy behaviors (nutrition, exercise, alcohol/drug prevention)
 - Interviews: Alcohol and drug abuse and addiction treatment; importance of prevention, especially for youth; unmet need for more rehabilitation and transitional services. Glaring health disparities for vulnerable populations; health and quality of life depends on SES. Rising obesity rates and teen pregnancy. Need to make the healthy choice the easy choice

APPENDIX C

Public Health Impact Pyramid



Source: Thomas R. Frieden, MD, MPH. A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*. 2010 April; 100(4): 509-595. Doi: 10.2105/ALPH.2009.185652
 PMID: PMC2836340

APPENDIX C

Preliminary Draft Strategies

Social/ Economic Environment

- Increase access to high-quality early learning programs and comprehensive services, especially for children with high needs.
- Support community reinvestment, and expansion of sustainable businesses [esp. in resource poor communities]. Support sustainable agriculture and local food production and distribution infrastructure, especially organics in ways that feed and employ local residents.
- Make higher education and training opportunities more affordable and accessible for underserved populations
- Create a range of housing opportunities and choices; create more and preserve quality affordable housing [esp. for low income people].
- Increase availability and access to coordinated supportive housing, shelter, and services for chronically homeless individuals and people with particular needs, including: those with mental illness, drug and alcohol problems.
- Promote living wage jobs / Promote wages and benefits sufficient to lift workers out of poverty
- Implement research-informed communication efforts to change the local narrative about mental wellness to messages that promote hope, connectedness, social support, resilience, treatment and recovery [changing knowledge, attitudes, behaviors].
- Increase the success, safety, and health of students, particularly in high-need schools, and deepen family and community engagement.
- Provide space and organized activities that encourage social participation and inclusion for all people, including older people and persons with disabilities; Support child and youth development programs and promote inclusion of youth with mental, emotional, and behavioral problems.

Built Environment

- Improve and develop public transit and provide a variety of active transportation choices (public transit, inter-city rail, bicycle and pedestrian), especially for isolated communities and rural areas.
- Create compact, mixed-use pedestrian-oriented communities located around new or existing public transit stations [especially in resource-poor communities].
- Ensure all residents can access healthy, and affordable foods and beverages in [low income and poor access] communities. (e.g. community/school gardens, farmer's markets and produce in corner stores)
- Facilitate access to safe, accessible, and affordable places for physical activity. Preserve open space, critical environmental areas, create more safe and inviting parks and green spaces (support recreation facilities, parks, and trails) [especially for people experiencing socioeconomic or racial/ethnic disparities].

Policy & Governance

- Strengthen cross-sector collaborations (between public health, planners, engineers, policy makers, community-based organizations, and community members) and align resources to improve the health and well-being of our communities.
- Integrate health criteria into decision making, where appropriate, across multiple sectors.
- Require the use of Health Impact/Health Equity Assessments to evaluate the consequences of proposed developments, and policy initiatives on Population Health.
- Support the adoption and implementation of mental health-friendly workplace environments.

Long-Lasting Interventions

- Ensure communities implement an array of programs to promote safe and nurturing environments. Promote positive early childhood development, including positive parenting and violence-free homes(e.g. Positive youth development, positive parenting, nurse family partnerships)
- Make local produce more affordable for low income residents, WIC participants, seniors and persons with disabilities (e.g. Implement SNAP Match Program; Expand stores accepting SNAP & WIC benefits, farm direct voucher program)

- Strengthen & promote programs like Farm to School and Farm to Institution Programs

Clinical/Education

- Develop the capacity to provide culturally & linguistically appropriate services.
- Promote savings and asset building for individuals and families.
- Assess physical activity levels and provide education, counseling, and referrals in [diverse settings and programs]. Develop affordable nutrition, and employment services for residents at affordable and supportive housing programs.
- Support healthcare and social service providers in adopting evidence-based and trauma-informed mental health and substance abuse screening, assessment, and referral policies; Promote preventative screenings and refer people to appropriate services (e.g. Increase screening for alcohol use in women who are pregnant or considering pregnancy; Establish universal screening for individuals at risk of suicide; Brief Intervention and Referral (SBIRT); BMI Surveillance; Tobacco; Suicide; Food security (Screen and Intervene Program); CRAFFT (adolescent)).
- Foster positive public dialogue, counter shame, prejudice, and silence; and build public support for suicide prevention (e.g. "Mind Your Mind").

APPENDIX D

Strategy Scorecard: Individual Strategies

The table below indicates the individual strategy scores of the core strategies and optional individual add-ins.

		Poor 	Fair 	Good 	Very Good 	Excellent 	Health Impact	Collab	Equity	Res- ources	Leader Supt	Curr Work	Comm Supt
Core Strategies													
Social/ Economic Environment													
A	Support community economic development through investment in and expansion of sustainable businesses that feed and employ local residents.	●	●	◐	◐	◐	●	●	●	●	●	●	●
B	Create and preserve a range of quality affordable housing opportunities.	●	◐	●	◐	◐	●	◐	◐	◐	●	●	●
Built Environment													
C	Assure all residents have access to affordable, healthy foods and beverages in the communities in which they live.	●	●	●	●	●	●	●	●	●	●	●	●
Policy & Governance													
D	Strengthen cross-sector collaborations and align resource to improve the health and well-being of our communities.	●	●	◐	●	◐	●	●	◐	◐	●	◐	◐
E	Integrate health criteria into decision making, where appropriate, across multiple sectors.	●	◐	●	●	●	●	◐	●	●	◐	◐	◐
Long-Lasting Interventions													
F	Assure communities implement a broad array of programs to promote positive early childhood development and safe/nurturing environments.	●	●	●	●	◐	●	●	●	●	●	●	●
Clinical/Education													
G	Support healthcare and social service providers in adopting evidence-based comprehensive preventative screening and referral policies and services.	●	◐	●	◐	◐	●	◐	◐	◐	●	●	◐
Optional Add-Ins													
Social/ Economic Environment													
H	Implement research-informed communications to promote positive mental wellness messages [hope, connectedness, social support, resilience, treatment and recovery].	●	●	●	●	◐	●	●	◐	◐	●	●	◐
Built Environment													
I	Create and preserve access for all residents to affordable, safe & inviting places to be active.	●	●	●	●	◐	●	●	◐	◐	●	●	●
Clinical/Education													
J	Integrate wrap-around health and social services into supportive and affordable housing programs	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐	◐

Strategy Scorecard: Strategy Packages

The table below indicates the evaluation scores of each of the four strategy packages.

Poor  Fair  Good  Very Good  Excellent 

	Average Score <i>(out of 100)</i>	<i>Core Team Recom.</i>	<i>Synergy</i>	<i>Health Impact</i>	<i>Cross-Sector Collaboration Potential</i>	<i>Equity</i>	<i>Leadership Resources</i>	<i>Leadership Support</i>	<i>Current Work</i>	<i>Community Support</i>
Core Strategy Package	86.57	#1	●	●	●	●	◐	◐	●	◐
Core Package + Add-In H	85.6	#2	●	●	●	●	◐	◐	●	◐
Core Package + Add-In I	84.5	#3	●	●	●	●	◐	◐	●	●
Core Package + Add-In J	80.54	#4	◐	●	●	●	◐	◐	●	◐

APPENDIX E

Strategy Alignment

The chart below demonstrates the alignment of the 2016-2019 Community Health Improvement Plan strategies with local, state and national priorities.

Strategy	Local Plans	Oregon Health Improvement Plan	Healthy People 2020	National Prevention Strategy
Support economic development by investing in workforce strategies that provide sustainable family wage jobs.	X		X	
Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.	X		X	X
Assure availability of affordable healthy food and beverages in every community.	X	X	X	X
Strengthen cross-sector collaborations and align resource to improve the health* and well-being of our communities.	X	X	X	X
Encourage organizations across multiple sectors to integrate health* criteria into decision making, as appropriate.	X	X	X	X
Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.	X	X	X	X
Support the implementation of evidence -based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.	X	X	X	X