



**100% Health**  
Community Coalition

*LiveHealthy*  
**LANE**

# Lane County Community Health Improvement Plan (CHP)

## 2021-2025



Lane Community  
Health Council \*



**PUBLIC HEALTH**  
PREVENT. PROMOTE. PROTECT.

 **PeaceHealth**

 **Trillium**  
Community Health Plan

**United Way**  
United Way of Lane County

\*PacificSource Community Solutions works with the community to create health councils in each service area to empower the local communities to hold ownership of their health care needs. In January 2020, the Lane Community Health Council was established as the governing body for the PacificSource Community Solutions Lane County CCO, in agreement with the Oregon Health Authority (OHA). PacificSource Community Solutions and Lane Community Health Council have been an active partner in Lane County's most recent Community Health Improvement Plan. As a part of this work, Lane Community Health Council adopted the 2018-2019 Community Health Assessment as a fundamental building block to this work.

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## INTRODUCTION

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Extending from the Pacific Ocean to the Cascade mountain range, Lane County is a vibrant mix of people and communities. It is the fourth most populous county in Oregon, with just over 370,000 people. The Eugene-Springfield area contains over 60% of the county's population and is the third-largest metropolitan area in Oregon. Outside of the metro area, Lane County is largely rural and unincorporated. Though Lane County has a large geographic area, the population is concentrated, creating disparities in access to health and human services, as well as resources.

Improving health in Lane County must be a collaborative effort. Live Healthy Lane is a formal partnership comprised of key stakeholders, Lane Community Health Council, Lane County Public Health, PeaceHealth Oregon Region, Trillium Community Health Plan, and United Way of Lane County, that oversee the periodic assessment of health issues and needs in Lane County (the Community Health Assessment; CHA) and the development and implementation of the Community Health Improvement Plan (CHP). However, creating the conditions for optimal health is the responsibility of everyone in our community.

The 2021-2025 CHP for Lane County identifies priority issues that need to be addressed to improve health in Lane County. It also outlines how to respond to these priorities by providing a road map of related key strategies and actions the community can take. The CHP was developed using available data (the CHA) and a robust community engagement process. This document is not meant to be a work plan, but a menu of actions that, taken together as a community, have the potential to achieve Live Healthy Lane's vision of:

**Working together to create a caring community where all people can live a healthier life.**

### COMMUNITY VALUES

**Compassion** – We are creating a community where all people are treated with dignity and respect

**Equity** – We believe everyone should have the opportunity to live a healthy life

**Inclusion** – We strive to embrace our differences and treat the whole person

**Collaboration** – We have committed our collective resources to innovation, coordination, and integration of services

## COLLECTIVE IMPACT

Recognizing that improving our community's health requires we all work together, Live Healthy Lane takes a **collective impact** approach. Collective impact is a strategic and collaborative way to address complex social problems. It requires key stakeholders from multiple sectors define a problem and develop a common agenda for solving it. Live Healthy Lane's CHA, as well as its extensive community engagement process, "defines a problem" by prioritizing factors that impact community health in Lane County. The CHP is a common agenda for addressing these factors and, ultimately, improving community health in our county.

When multiple agencies and organizations focus on the issues and actions outlined in the CHP, it amplifies the work of each agency and has greater potential to impact the complex issues affecting the health of the community.

Developed by and for the community, the 2021-2025 CHP outlines strategies and actions to address the priorities identified in the Community Health Assessment (CHA). Through interviews, focus groups, and surveys,

Live Healthy Lane sought extensive feedback from content experts and those with lived experience, to identify and refine the collective impact actions the community can take to support each CHP strategy.<sup>1</sup>

**Collective Impact** is a structured approach to problem solving that includes five key elements:

- 1) common agenda,
- 2) shared measurement system,
- 3) mutually reinforcing activities,
- 4) continuous communication, and
- 5) a backbone agency

## COMMUNITY HEALTH NEEDS ASSESSMENT (CHA)

From May 2018-December 2019, Live Healthy Lane conducted the **four assessments** included in the **Mobilizing Action through Planning and Partnerships (MAPP)** framework. Furthermore, Live Healthy Lane conducted a pilot assessment exploring Lane County's integration of physical, behavioral, and oral health, as required by **Oregon House Bill 2675**. In 2020, Live Healthy Lane also updated the **Health Equity Report**, which documents disparities experienced by people of different races/ethnicities and by people with disabilities in the county. These assessments

Live Healthy Lane uses the **Mobilizing for Action through Planning and Partnerships (MAPP)** framework for conducting its CHA and developing its CHP. **MAPP** is a nationally recognized strategic planning process for improving public health that has a strong focus on community engagement.

identified key health issues, as well as community strengths and barriers to creating optimal health in the county. Full reports, including how each assessment was conducted, can be found at [www.livehealthylane.org](http://www.livehealthylane.org). Below is a brief summary of the Care Integration Assessment and the four MAPP assessments, as well as findings. The title of each assessment links to its full report.

<sup>1</sup> See [Appendix B](#) for list of stakeholders engaged in this process

### **Care Integration Assessment**

This pilot assessment explored the integration of public health services in Lane County. Key findings indicate that Lane County has the foundation for an efficient and integrated physical, behavioral, and oral healthcare system. Current partnerships and in turn integration efforts, especially integration with basic needs services, should be expanded, however. For instance, food and housing services should be better integrated into physical and behavioral healthcare services.

### **Community Themes and Strengths**

This assessment identifies the community's priority issues as well as the strengths and assets that contribute to good health. Similar to the findings in [Lane County's 2015 CHA](#), housing, living wage jobs, access to affordable, healthy food, affordable, high quality childcare, and access to behavioral, oral, and physical healthcare continue to be priority concerns. The community identified collaboration, policy work, and widespread understanding of [the social determinants of health](#) as community assets.

### **Local Public Health Systems**

This assessment looks at the capacity of systems in the community to provide the [ten essential services of public health](#). The main themes from the 2018 assessment were: better communication and community engagement around data, the broad and integral nature of public health, the linkages between mental health and housing, and the contributions of the business community to health. In addition, the importance of a continued focus on health promotion and health education was emphasized.

### **Community Health Status**

This assessment uses secondary data sources to answer the question: "How healthy is the community?" Findings suggest Lane County is a moderately healthy community, with some significant struggles. Economic recovery from the 2008 recession continues to lag in the county, housing costs continue to rise, and poverty rates are higher than the state and nation overall. Rates of substance use, including tobacco use, are higher than the state overall. While chronic disease rates are similar or better than the state overall, poor mental health and sexually transmitted disease rates are higher in Lane County. Health outcomes and [social determinants of health](#) vary dramatically based on race/ethnicity and/or geography.

### **Forces of Change**

This assessment looks at the various social and political forces that could present threats or opportunities for better health in the community. Housing, federal/state policies, immigration, technology, and public discourse (e.g., racism, political polarization) were identified as the primary forces posing threats to and opportunities for health in Lane County. Also of note was the recognition of how each of these forces are connected to the others.

The following themes from the four MAPP assessments are summarized in the [CHA Executive Summary](#), and are as follow:

- 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 social and environmental conditions that are detrimental to healthy behaviors and healthy outcomes for Lane County residents.

## COMMUNITY HEALTH IMPROVEMENT PLAN (CHP)

Developed using CHA data and an extensive community engagement process, the CHP is a five-year blueprint for improving community health in Lane County. To help define priorities for the CHP, first a root-cause analysis of the CHA themes was conducted. Key informant interviews with multiple stakeholders and a review of local strategic plans and reports<sup>2</sup> revealed the following strategic issues, which are the underlying challenges that need to be addressed to improve health conditions in Lane County.

1. How do we ensure **all people in Lane County have the resources** they need to live a healthy life?
  - Wages don't cover the costs of living – especially housing
  - Too many competing costs (housing, healthcare, childcare, food, etc.) mean people struggle to meet their needs and make ends meet
  - Coordination of health care and social services are not always well coordinated (e.g., behavioral health and housing)
  - Transportation barriers to care, to social connection, etc.
  - More people need access to affordable, healthy food
  - More people need access to education/job training
  - Access to low-barrier housing/shelter is needed for youth and adults
2. How do we **create community conditions** that support mental wellness and healthy behaviors for all Lane County residents?
  - People need opportunities for connection – especially parents with their kids
  - Prevention and treatment for substance use including tobacco use – especially among parents and youth

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<sup>2</sup> See [Appendix A](#) for list of stakeholders engaged in this process

- Schools need to be able to support social/emotional learning in addition to academics
  - People need a healthy work/life balance – to reduce stress/isolation, provide time for physical activity and healthy eating
  - Need policies and practices that make the healthy choice the easy choice
  - Reduce likelihood of adverse childhood experiences
  - Reduce barriers to mental health services for youth
  - Mitigate the impacts of climate change
3. How do we ensure that Lane County is a place where **resources are distributed equitably**?
- Racial and ethnic disparities in multiple social determinants of health (e.g., HS graduation rates, poverty rates, median income, etc.)
  - Racial and ethnic disparities in multiple health outcomes; e.g., life expectancy, heart disease, asthma, obesity, STIs, COVID-19, substance use, addiction, etc.
  - Geographic disparities in access to services and some social determinants of health (e.g., median income, HS graduation)
  - Need to recognize and address the history and structures that have given rise to systems (e.g., health care, education, housing, employment, etc.) that continue to discriminate based on race
  - Need to address racial bias and discrimination in our communities including our healthcare system
  - Need to address disproportional health impacts of climate change

## COMMUNITY ENGAGEMENT

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In addition to engaging the community in identifying root-causes of the CHA themes, from June-July 2020, Live Healthy Lane met with 21 different community groups, advisory committees, and coalitions<sup>3</sup> to share the strategic issues identified through the root-cause analysis and to get feedback on the development of CHP priorities, goals, and strategies. Three **CHP priority areas** were identified:

1. Ensure incomes are sufficient to meet basic costs of living (i.e., housing, childcare, food, transportation, etc.)
2. Establish community conditions that support behavioral health and physical well-being
3. Address current and historical injustices that produce disparities

One of the consistent themes across the community conversations was that all of the strategic issues identified by the CHA are connected. Therefore, the 2021-2025 CHP has one goal, with four over-arching strategies for reaching this goal.

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<sup>3</sup> See [Appendix B](#) for list of community groups; community was also engaged in developing CHP actions (see page 9).

## 2021-2025 CHP: GOAL AND STRATEGIES

**Goal:** Create the community conditions necessary to promote behavioral health and physical wellness across the lifespan for all people in Lane County

Develop a local economy that ensures sufficient income for all people in Lane County to cover their basic costs of living (i.e., housing, childcare, food, transportation)

Ensure systems of care address the health needs - physical, behavioral, and spiritual - of the whole person and are accessible to all people across the lifespan

Transform current institutions, policies and resource allocations that perpetuate racism in order to correct current and historical injustices and ensure equity in the future

Implement community and organizational policies that support healthy choices and mental well-being

## 2021-2025 CHP: ACTIONS FOR EACH STRATEGY

### Strategy 1. Support economic development that ensures sufficient income and affordability of basic living costs.

A significant proportion of Lane County residents lack resources to meet basic needs, which is foundational to improving health outcomes. Through our robust community engagement process, it became clear that there are multiple, interwoven factors that contribute to this issue pointing to the need for collective efforts to ensure Lane County's economy is one that supports the basic needs of all people in Lane County.

Additionally, not all communities experience financial stress or poverty at the same rate or in the same ways. There are significant disparities based on race/ethnicity in income, home-ownership, and poverty rates<sup>4</sup>. Likewise, there are differences in rural and urban communities that need to be considered.

#### Actions

- Invest in infrastructure to increase economic self-sufficiency
  - Implement housing policies to increase access and affordability
  - Expand transportation options and access
  - Increase access to high-speed/broadband internet
  - Expand the capacity of economic development organizations to ensure they can be responsive to the local community
  - Ensure basic needs are met for those most vulnerable
    - Housing/shelter
    - Childcare
    - Healthy food
    - Health care

#### Policies that work!

Evidence-based policies, such as [living wage laws](#), [paid family leave](#), and [subsidized childcare](#) have had a demonstrated impact on increasing employment, reducing poverty, and other important outcomes for health. Find information about these and other evidenced-based policies at [What Works for Health](#), a program from the Robert Wood Johnson Foundation.

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<sup>4</sup> See [2020 Health Equity Report](#)

## Strategy 2. Ensure systems of care address the health needs - physical, behavioral, and spiritual - of the whole person and are accessible to all people across the lifespan

Mental health seems to be declining in Lane County among adults and youth and there are gaps in the system of care for behavioral health needs, particularly for youth, but there are gaps for other age groups as well. Behavioral healthcare, as well as physical healthcare and spiritual support, need to be more accessible, trauma-informed, and culturally appropriate.

### Actions

- Invest in and strengthen efforts for care integration
  - Increase provider collaboration
    - Implement flexible funding models,
    - Develop an information exchange for health and social service needs (no wrong door)
  - Invest in Traditional Health Workers including Community Health Workers, Peer Support Specialists, and other navigation supports
  - Offer services at schools for families, children, and adolescents.
  - Increase cultural/linguistic competency, including being trauma-informed and diversifying the workforce at all levels

*Quote from the survey: “[A]ccess to care is a LOW bar. We need care/support/resources that truly uplift and empower people.”*

### Policies that work!

Evidence-based policies, such as integration of [behavioral health](#) and [social services](#) into primary care, [value-based insurance design](#), and investing in [school-based health centers](#) have been shown to increase access to the services people need to improve their health . Find information about these and other evidenced-based policies at [What Works for Health](#), a program from the Robert Wood Johnson Foundation.

### Strategy 3. Implement community and organizational policies that support healthy choices and mental well-being

In addition to improvements in the systems of care, Lane County's community can support efforts to reduce social isolation, prevent substance abuse, and encourage healthy choices through the implementation of evidence-based policies. Policies, at both the community and organizational level, can foster social and environmental conditions that make the healthy choice the easy choice and support the well-being of the individual and the community.

Priorities identified in the CHA include:

- Reducing social isolation
- Preventing/mitigating adverse childhood experiencing
- Preventing substance use/addiction
- Promoting healthy eating/active living

	Schools	Health Care	Workplace	Community
<b>Addiction Prevention (ATOD)</b>	<a href="#">School-wide Positive Behavioral Interventions &amp; Support</a> <a href="#">Tribal Best Practices</a> <a href="#">Botvin LifeSkills Training</a> <a href="#">Good Behavior Game</a> <a href="#">Removing Zero Tolerance Programs</a>	<a href="#">Closed Loop Referral Systems</a> <a href="#">Smoke-free campus policies</a>	<a href="#">Smoke-free Policies</a>	<a href="#">Alcohol Outlet Density Restrictions</a> Increase taxes on <a href="#">Alcohol</a> , <a href="#">Tobacco</a> , and <a href="#">Cannabis</a> <a href="#">Tobacco Retail Licensing</a> <a href="#">Strengthen Indoor Clean Air Act</a> <a href="#">Smoke-free policies in multi-unit housing</a>
<b>Reducing ACEs/ preventing trauma</b>	<a href="#">School-Based Social &amp; Emotional Instruction</a> <a href="#">School-wide Positive Behavioral Interventions &amp; Support</a> <a href="#">Eliminating Exclusionary Punishment</a>	<a href="#">Early Childhood Home Visiting Programs</a>	<a href="#">Flexible Scheduling</a> <a href="#">Childcare Subsidies</a>	Parenting Programs <ul style="list-style-type: none"> <li>• <a href="#">Group-based Parenting Programs</a></li> <li>• <a href="#">Families &amp; Schools Together</a></li> <li>• <a href="#">Preschool Programs with Family Support Services</a></li> </ul> <a href="#">Living Wage Laws</a>
<b>Healthy Eating/ Active Living</b>	<a href="#">Multicomponent school-based obesity prevention</a> <a href="#">Physically Active Classrooms</a> <a href="#">Active Recess</a> <a href="#">Nutrition &amp; Physical Activity Intervention in Preschool &amp; Childcare</a>	<a href="#">Exercise prescriptions</a> Obesity screening and counseling for <a href="#">adults</a> and <a href="#">children</a>	<a href="#">Worksite Obesity Prevention Interventions</a> <a href="#">Active Transportation</a>	<a href="#">Safe Routes to School</a> <a href="#">Fruit &amp; Vegetable Incentive Programs</a> <a href="#">Competitive Pricing for Healthy Foods</a> <a href="#">Sugar-sweetened beverage policies</a>
<b>STI Prevention</b>	<a href="#">Free/Reduced Cost Condoms</a> <a href="#">Comprehensive Risk Reduction Sexual Education</a>	<a href="#">STI/HIV Partner Notification by Providers</a> <a href="#">Expedited Partner Therapy for Treatable STIs</a>		<a href="#">Condom Availability Programs</a>
<b>Housing</b>		<a href="#">Housing First</a> <a href="#">Permanent Supportive Housing</a>		<a href="#">Rapid Re-Housing Programs</a> <a href="#">Rent Regulation Policies</a> <a href="#">Inclusionary Zoning &amp; Housing Policies</a>

### Strategy 4. Transform current institutions, policies and resource allocations that perpetuate racism in order to correct current and historical injustices and ensure equity in the future

Due to the history of systemic oppression of Black, Indigenous and other People of Color (“BIPOC”) in Lane County, and across the nation, there are many disparities experienced by these communities. From mortality and chronic disease rates to rates of poverty and high school graduation, all aspects of life are impacted by racism. Achieving equity is not only critical for the health and well-being of those bearing the brunt of racist policies and practices, inequity creates harm for everyone. Creating a more equitable community is imperative for improving everyone’s health.

#### Actions

- Increase cultural humility/responsiveness and authentic engagement
  - Provide trainings on history of racism, bias, and cultural humility and responsiveness
  - Use an equity lens with an authentic community engagement process
    - An equity lens<sup>5</sup> is a decision-making tool used to ensure equity issues are addressed throughout the planning, implementation, and evaluation of programs or policies
    - Sharing power and decision-making with communities is key to transforming systems and institutions. Authentic community engagement ensures that the people most impacted and those experiencing disparities play a central role in the planning, implementation and evaluation of programs and policies; it is especially important for re-building trust in communities that have experienced oppression as the result of racist policies and structures.
  - Center BIPOC communities in decision making
- Redirect resources to address racism and support BIPOC communities
  - Recruit, retain, and empower existing BIPOC in positions of leadership
  - Allocate funding to BIPOC organizations and communities
  - Obtain better data to tell a richer story of BIPOC experiences

#### Policies that work!

Evidence-based policies, such as [culturally adopted health care](#), [restorative justice](#), and [trauma-informed community building](#) have demonstrated impact on feelings of safety, reducing trauma, and improving health outcomes. Find information about these and other evidenced-based policies at [What Works for Health](#), a program from the Robert Wood Johnson Foundation.

<sup>5</sup> See [Government Alliance on Race and Equity: Racial Equity Toolkit](#) for 6 basic question in an equity lens

## TRACKING THE CHP'S SUCCESS

Tracking progress on this CHP will be on-going and led by Evaluation Development and Tracking Team (EDTT), a team of analysts from the Live Healthy Lane partner organizations along with members of the community. The EDTT has established the following list<sup>6</sup> of preliminary outcome measures that will be used to determine whether conditions in the community have changed to better support health. These measures will be further refined as objectives and performance measures are developed during the implementation phase of the CHP.

<p><b>Goal:</b> Create the community conditions necessary to promote behavioral health and physical wellness across the lifespan</p>	<ol style="list-style-type: none"> <li>1) Poverty rates by race/ethnicity, zip code and age</li> <li>2) Rates of chronic disease (e.g. depression, diabetes, hypertension, obesity)</li> </ol>
<p><b>Strategy 1.</b> Support economic development that ensures sufficient income and affordability of basic living costs</p>	<ol style="list-style-type: none"> <li>1) Employment:             <ol style="list-style-type: none"> <li>a) <i>Unemployment rate</i></li> <li>b) <i>Available jobs by zip code</i></li> <li>c) <i>Underemployment rates</i></li> </ol> </li> <li>2) Housing:             <ol style="list-style-type: none"> <li>a) <i>Rate of housing cost burden</i></li> <li>b) <i>Housing affordability index</i></li> </ol> </li> <li>3) Access to basic needs:             <ol style="list-style-type: none"> <li>a) <i>Transportation, childcare, etc.</i></li> </ol> </li> </ol>
<p><b>Strategy 2.</b> Ensure systems of care address the health needs – physical, behavioral, and spiritual – of the whole person and are accessible to all people across the lifespan</p>	<ol style="list-style-type: none"> <li>1) Systems:             <ol style="list-style-type: none"> <li>a) <i>CCO incentive metrics</i></li> <li>b) <i>Rate of 8<sup>th</sup> and 11<sup>th</sup> graders reporting not receiving mental health care when needed (Student Health Survey)</i></li> <li>c) <i>Rates of uninsured adults and children</i></li> </ol> </li> <li>2) Health outcomes             <ol style="list-style-type: none"> <li>a) <i>Rates of adults and youth reporting poor mental health days</i></li> <li>b) <i>Measure of oral health</i></li> </ol> </li> </ol>
<p><b>Strategy 3.</b> Implement community and organizational policies that support healthy choices and mental well-being</p>	<ol style="list-style-type: none"> <li>1) Health system             <ol style="list-style-type: none"> <li>c) <i>Vaccination rates</i></li> <li>d) <i>STI screenings</i></li> </ol> </li> <li>3) Community environment             <ol style="list-style-type: none"> <li>a) <i>Access to parks/green spaces</i></li> <li>b) <i>Retail environment</i></li> <li>c) <i>Tobacco-free spaces</i></li> </ol> </li> <li>4) Health behaviors/outcomes             <ol style="list-style-type: none"> <li>a) <i>STI rates</i></li> <li>b) <i>Rates of tobacco, alcohol cannabis use among adults and youth</i></li> <li>c) <i>Mental health</i></li> </ol> </li> </ol>
<p><b>Strategy 4.</b> Transform current institutions, policies, and resource allocations that perpetuate racism in order to correct current and historical injustices and ensure equity in the future</p>	<ol style="list-style-type: none"> <li>1) Education             <ol style="list-style-type: none"> <li>a) <i>On-time High School graduation rates</i></li> <li>b) <i>Rates of youth reading at level in 3<sup>rd</sup> grade</i></li> </ol> </li> <li>2) Access to resources             <ol style="list-style-type: none"> <li>a) <i>Rates of homeownership</i></li> <li>b) <i>Rates of participation in free/reduced lunch</i></li> </ol> </li> <li>3) Access to services             <ol style="list-style-type: none"> <li>a) <i>Rates of receiving adequate prenatal care</i></li> <li>b) <i>Rates of participation in SNAP</i></li> <li>c) <i>Rates of participation in WIC</i></li> <li>d) <i>Other public services, TBD</i></li> </ol> </li> </ol>

<sup>6</sup> Some measures will need to be refined and/or data need to be found, these are indicated in *italics*

## **NEXT STEPS: CHP IMPLEMENTATION**

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In early 2021, Live Healthy Lane will engage the community in developing the 2021-25 CHP implementation plan. Outlining objectives for the collective impact actions, the implementation plan will identify who in the community will be accountable for the CHP's success. Additionally, performance measures and timelines will help Live Healthy Lane and the community can track progress. By mid-2021, the community will be called on to take action on the CHP, and Live Healthy Lane will engage in a continuous evaluation of the work.

### **Next Steps: Moving to Action**

- 1) Organize for action – make sure we have the right people at the table and appropriate structures of accountability
- 2) Develop objectives for each CHP action
- 3) Develop work plans and identify who will be accountable
- 4) Develop performance measures and timelines to track progress
- 5) Take action, collect data, and monitor progress

## Appendix A

### CHP Development: Community Engagement

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#### Identifying Strategic Issues: Root Cause Analysis (February – April 2020)

*Live Healthy Lane engaged the following organizations and reviewed the following documents to determine the CHP's strategic issues.*

#### **Organizations and Community Members**

[Be Your Best - Cottage Grove, South Lane](#)

[Fern Ridge School District](#) and [Bethel School District](#)

Focus Groups (Youth Mental Health): School principals, classroom teachers, and PE specialists

[FOOD for Lane County](#)

[Huerto de la Familia](#)

[Lane County Mental Health Advisory/Local Alcohol and Drug Planning Committee](#)

[Lane County Public Health, Prevention](#)

[Oregon State Employment Department](#)

[Siuslaw Vision, West Lane](#)

#### **Documents**

[Lane County Economic and Community Development Strategic Plans: 2018-2020](#)

[Lane Workforce Partnership: State of the Workforce Report 2018](#)

[Building Local Gov't Capacity to Resist White Nationalism in Eugene, OR](#)

[City of Eugene Hate and Bias Incident Response](#)

[Climate Action Plan 2.0, City of Eugene](#)

[Hunger Factors 2019: Hunger and Poverty in Oregon and Clark County, WA](#)

[Lane County Poverty and Homelessness Board: 2016-21 Strategic Plan](#)

[Lane County Public Shelter Feasibility Study and System Analysis](#)

#### Identifying Priorities (May – June 2020)

*Live Healthy Lane engaged the following community groups, advisory committees, and coalitions in identifying CHP priority areas.*

[100% Health Executive Committee](#)

100% Health's Safety Net Committee

[Be Your Best - Cottage Grove, South Lane](#)

[Lane County Behavioral Health Advisory Systems Committee \(BHASC\)](#)

Eugene Chamber of Commerce, Local Government Affairs Council (LGAC)

[Community Advisory Council \(CAC\) of PacificSource Community Solutions and Trillium Community Health Plan](#)

Human Services Forum

[Lane County Equity and Access Advisory Board](#)

[Lane County Family Resource Centers](#)

[Lane County Mental Health Advisory/Local Alcohol and Drug Planning Committee](#)  
[Lane County Poverty and Homelessness Board](#)  
[Lane County Public Health Advisory Committee \(PHAC\)](#)  
[Lane Early Learning Alliance: Governance Consortium](#)  
[Lane Equity Coalition](#)  
[Latino Wellness Hub \(Centro Latino Americano, Downtown Languages, and Huerto de la Familia\)](#)  
[PacificSource Community Solutions Clinical Advisory Panel \(CAP\)](#)  
[Planned Parenthood of Southwest Oregon: REV youth](#)  
[Rural Advisory Council \(RAC\) of PacificSource Community Solutions and Trillium Community Health Plan](#)  
[Siuslaw Vision, West Lane](#)  
[Trillium Community Health Plan: Board of Directors](#)

### **Defining Actions**

(August – October 2020)

*Live Healthy Lane engaged the stakeholders from the following committees and organizations. Often, more than one stakeholder was engaged from each organization.*

[100% Health Executive Committee](#)  
[City of Florence, Economic Development](#)  
[Community Advisory Council \(CAC\) of PacificSource Community Solutions and Trillium Community Health Plan](#)  
[Cottage Grove Community Development Corporation, South Lane](#)  
[Lane County and City of Eugene: Joint Housing and Shelter Development](#)  
[Lane County Community and Economic Development](#)  
[Lane County Community Listening Sessions on Improving Racial Equity](#)  
[Lane County Health Care Integration Collaborative \(HIC\)](#)  
[Lane County Mental Health Advisory/Local Alcohol and Drug Planning Committee](#)  
[Lane County Poverty and Homelessness Board](#)  
[Lane County Public Health Advisory Committee \(PHAC\)](#)  
[Lane County Public Health, Prevention](#)  
[Lane Education Service District, Migrant Education Program \(MEP\)](#)  
[Lane Workforce Partnership](#)  
[NAACP Eugene Springfield](#)  
[Orchid Health, Rural Lane County](#)  
[Oregon Department of Health and Human Services, Lane County](#)  
[PacificSource Community Solutions: Lane County](#)  
[Rural Advisory Council \(RAC\) of PacificSource Community Solutions and Trillium Community Health Plan](#)  
[School Based Health Centers](#)  
[Trillium Community Health Plan](#)  
[Wellness Hub \(Centro Latino Americano, Downtown Languages, Huerto de la Familia\)](#)  
[White Bird Clinic](#)

## Appendix B CHP Terminology

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*Terms are used differently in different settings. Below is a glossary of terms that will be used during Lane County's 2021-2025 CHP. Using a common language is important to the success of this collective impact work.*

**Actions:** Collective impact approaches directing the community's focus between 2021-2025.

**Collective Impact:** A structured approach to problem solving that includes five key elements: 1) common agenda, 2) shared measurement system, 3) mutually reinforcing activities, 4) continuous communication, and 5) a backbone agency

**Community Health Assessment (CHA):** A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a CHA is to develop strategies to address the community's health needs and identified issues. By using the [MAPP](#) approach, Live Healthy Lane includes the essential ingredients for a CHA: community engagement and collaborative participation.

**Community Health Improvement Plan (CHP):** A five-year systematic effort to address public health problems on the basis of CHA results and robust community engagement. The CHP is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHP is critical for developing policies and defining actions to target efforts that promote health, and ultimately improve the health status of the community. By using the [MAPP](#) approach to planning and implementation, the CHP is developed by and for Lane County's communities.

**Goal:** Long-range, broad statement of desired community health outcome for the CHP.

**Implementation Plan:** The activities needed to accomplish an objective. They have a "when" (specific timeline) and a "who" (person or team/org who will complete the step).

**Mobilizing for Action through Planning and Partnerships (MAPP):** Live Healthy Lane uses the framework for conducting its CHA and developing its CHP. [MAPP](#) is a nationally recognized framework that has a strong focus on community engagement.

**Objectives:** Desired short to intermediate outcome statements of desired organizational or collaborative activities. Objectives should: a) be SMART (specific, measureable, achievable, realistic, and time-specific), and b) include quantitative baselines that indicate an increase, decrease, or maintenance over time.

**Population Outcome Measures:** Outcomes, or indicators, that can be measured. They help quantify the achievement of the goal and strategies. They are used to: a) measure progress toward creating a healthy community, and b) plan and implement future efforts.

**Priority:** Broad, health-related area that are reframed strategic issues. The priority areas lay the foundation for the CHP, and are intended to be the focus of the CHP's collective impact efforts.

**Strategic Issues:** Represent underlying challenges (root causes) that need to be addressed, which would lead to improvement in health conditions. They are fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision. Themes in the Community Health Assessment (CHA) are reframed as strategic issues. Strategic issues are broad and written as questions.

**Strategies:** High-level approaches used to address the priority areas. Strategies require collective impact work (see actions).

**Process Measures:** Measures used to evaluate the degree of success that has been accomplished during CHP implementation; they help quantify the achievement of the implementation step and objective.

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