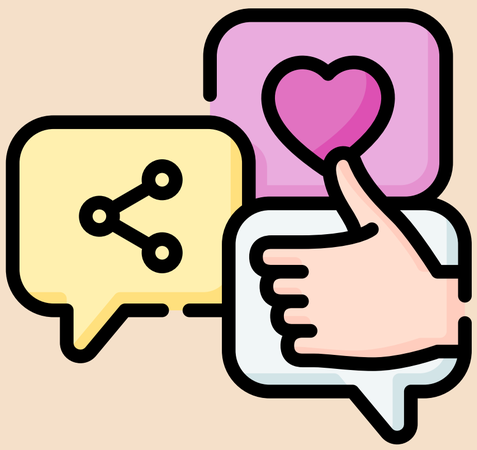
2026-2030 COMMUNITY HEALTH IMPROVEMENT PLAN

LiveHealthy LANE

THREE PRIORITY AREAS ONE VISION

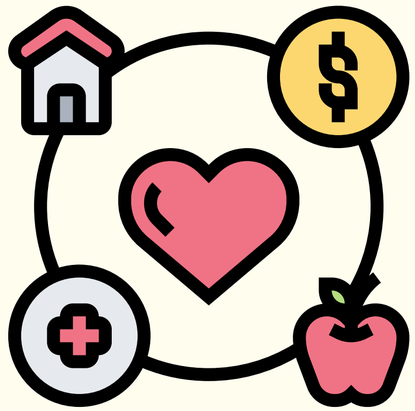
We envision a welcoming community. A place where systems - social, economic, and environmental, etc. - are developed by everyone to work for everyone. A community where all people have what they need to thrive. This includes: a sense of belonging, a feeling of shared purpose, and hope for our collective future.

AFFORDABLE, INCLUSIVE HEALTH SERVICES



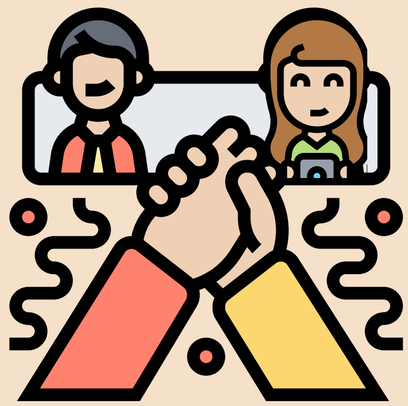
PROMOTE TRADITIONAL HEALTH WORKERS THROUGH CREATIVE COMMUNICATIONS

COMMUNITY RESILIENCE & ACCESS TO BASIC NEEDS



SUPPORT LOCALIZED COMMUNITY RESOURCE HUBS & RESILIENCE TRAININGS

MENTAL HEALTH, SUBSTANCE USE DISORDERS, & WELL-BEING



IMPROVE CROSS-SECTOR PARTNERSHIPS, MAP INITIATIVES & PRIORITIES

Use the LHL Equity Tool!

The CHP gives us a roadmap, but it's our collective action that creates impact. Let's build a healthier community. Discover what we can achieve together at www.LiveHealthyLane.org.

PRIORITY 1: AFFORDABLE, INCLUSIVE HEALTH SERVICES

LiveHealthy LANE

BUILDING ON THE COMMUNITY HEALTH ASSESMENT (CHA)

- Access to health services is getting worse.
- Many residents still face barriers to physical and dental care, preventative services, and culturally responsive treatment.
- Routine check-ups and cancer screenings remain below desired levels.
- In 2022, 18% of adults in poverty and 21% of adults with disabilities did not access care due to cost.

2024-25 CHA:

EQUITY FOCUS & GOAL

This priority focuses on eliminating cost, cultural, and structural barriers so that systemically marginalized* communities receive equitable, timely, appropriate care.

Goal: Ensure physical, behavioral, mental, and dental health services are affordable, culturally relevant, and trauma-informed/healing centered.

STRATEGY

Promote the use of Traditional Health workers, starting with Community Health Workers (CHWs), among both community members and providers to improve health literacy and help people connect to the care they need.

OBJECTIVES

1. Increase understanding of CHWs, who they are, and what they do, using communication methods that support health literacy.
2. Create a comic or animation explaining CHWs' roles and share it quarterly on social media, permanently on the LHL website, and through additional outreach partnerships.
3. Assess pre/post usage of CHWs through data partnerships; evaluate social media and website engagement for effectiveness.

WHY A FOCUS ON CHWs

- Provide culturally relevant, healing centered, community-based support.
- Help people understand their options, connect to services, and manage their health.
- Bridge gaps between community members and the healthcare system.
- Awareness of CHW roles remains limited.

PROVEN STRATEGIES

- Cultural competence training
- Patient navigators
- Culturally adapted healthcare
- Telemedicine
- Rural transportation services
- School-based health centers
- Mobile health for mental health
- Telemental health services

LEARN MORE

WHAT WE HEARD

- Access challenges go beyond service availability.
- People struggle to navigate a fragmented and complex healthcare system.
- Barriers include insurance limits, provider shortages, transportation challenges, and digital inequities that make telehealth harder to access.
- Members called for a shift to "healthcare for people, not for profit," emphasizing trust, relationships, and community connection.

Use the LHL Equity Tool!

SUBCOMMITTEE PARTNERS

- American Cancer Society
- Community Advisory Council
- ShelterCare

RESOURCE PARTNERS

*The 2024-25 CHA defines systemically marginalized as people who face additional barriers to accessing resources due to one or more parts of their identity. People who identify as Black, Indigenous, Asian, Latine/a/o/x, Native Hawaiian/Pacific Islander, people who identify as LGBTQA+, and people living with a disability.

PRIORITY 2: COMMUNITY RESILIENCE & BASIC NEEDS

LiveHealthy LANE

BUILDING ON THE COMMUNITY HEALTH ASSESMENT (CHA)

- Access to basic needs like safe housing, stable income, nutritious food, childcare, transportation, and supportive services, is essential for health.
- Nearly half of Lane County households face financial hardship.
- Childcare is scarce and costly. Over 25% of children under age 5 do not have access to care.
- Affordable housing shortages and high rental costs are driving instability.

2024-25 CHA:

EQUITY FOCUS & GOAL

The CHA identified persistent inequities in housing, childcare availability, transportation access, and financial hardship. This priority focuses on closing those gaps.

Goal: Strengthen community resource hubs, supporting local solutions, and ensuring emergency preparedness efforts reach those most impacted.

STRATEGY

Identify localized community resource hubs* that support people in accessing basic needs, that can support equitable access to emergency preparedness and disaster response, and that can offer places of connection for everyone.

OBJECTIVES

1. Identify and assess existing local efforts to ensure access to basic needs.
2. Identify and develop, as needed, local networks to support coordination and collaboration of local efforts that ensure access to basic needs for everyone.
3. Address training and communication needs for local community resource hubs to be effective in equitable disaster preparedness and response efforts

WHY A FOCUS ON HUBs

- Help make it easier to find basic needs, and supportive services in one place.
- Provide spaces for social connection and support networks.
- Ensure all have access to resources, training, and support before, during, and after major events/ emergencies.

PROVEN STRATEGIES

- Community centers
- Shared use agreements
- Food hubs
- Rapid re-housing programs
- Inclusionary zoning
- Living wage laws
- Childcare subsidies
- Microfinance & microenterprise

LEARN MORE

WHAT WE HEARD

- Access is shaped by broader structural issues; community organizations often fill gaps in transportation, food, and system navigation.
- Shortages of housing and rising costs make stability difficult; existing supports are under-resourced or hard to navigate.
- Wages lag behind costs, and barriers exist to education, job training, and local employment.
- Extreme weather, poor air quality, and infrastructure challenges disproportionately affect those already struggling.

Use the LHL Equity Tool!

SUBCOMMITTEE PARTNERS

Be YOUR BEST Cottage Grove

Cascadia MOBILITY

SIUSLAW VISION A better community together

CORVALLIS HOUSING FIRST

BEYOND TOXICS Leadership for a thriving and just Oregon

Human Services Division of Lane County

BURRITO BRIGADE We Rise By Lifting Others

LANE COUNTY OREGON PUBLIC HEALTH COMMUNITY PARTNERSHIPS PROGRAM

Community Advisory Council
Community Organizations Active in Disaster

RESOURCE PARTNERS

Trillium Community Health Plan

LANE COUNTY OREGON HEALTH & HUMAN SERVICES

KAISER PERMANENTE®

Lane Community Health Council

PacificSource Community Solutions

*The 2026-2030 CHP defines local community resource hubs as accessible, coordinated places that meet basic needs, build community connections, and support preparedness and resilience before, during, and after major events for everyone, including people with disabilities and culturally and linguistically diverse communities.

PRIORITY 3: MENTAL HEALTH, SUBSTANCE USE DISORDERS, & WELL-BEING

LiveHealthy LANE

BUILDING ON THE COMMUNITY HEALTH ASSESMENT (CHA)

- 84% of adults report good-to-excellent overall health, but only 57% report this for mental health (MH).
- 26% of 8th & 11th graders have unmet MH needs and rates are higher among transgender/non-binary (44.2%) and LGBQA+ (41.8%) youth.
- In 2022, 35% of 6th, 8th, & 11th graders reported fair-to-poor MH; 34% experienced depression in the past year.
- 16% of 11th graders used tobacco in the past 30 days.

2024-25 CHA:

EQUITY FOCUS & GOALS

The CHA showed inequities in MH outcomes, especially among youth, LGBTQ+, rural residents, and people with disabilities. This priority increases access to culturally relevant, disability-informed, care and prevention to lessen disparities.

Goal: Improve MH and well-being and increase access to substance use treatment.

STRATEGIES

Coordinate & Collaborate: Improve info sharing for providers & others; track & share initiatives.

Promote Positive Norms: Use strengths-based messaging and storytelling to encourage well-being and help-seeking.

Early Screening & Referral: Expand perinatal and early childhood MH support.

OBJECTIVES

1. Build a cross-sector network (schools, providers, public/private) that meets regularly to identify gaps, overlaps, and partnership opportunities.
2. Launch a countywide storytelling campaign, host community conversations, and share a toolkit that supports strengths-based, culturally relevant messaging around MH.
3. Grow youth and family prevention programs, boost training awareness (suicide prevention, MH first aid).

WHY THIS MATTERS

- Many experience poor MH, depression, & unmet care needs.
- Rates of depression, suicide ideation, & substance use highlight urgent support needs for youth.
- Early screening and referral can support families address issues before they get worse.
- Storytelling approaches reduces negative attitudes and encourages help-seeking.

PROVEN STRATEGIES

- Early childhood home visiting
- Social service integration
- Mental health first aid
- School-based suicide awareness
- School-based violence & bullying prevention
- Medication-assisted treatment

LEARN MORE

WHAT WE HEARD

- Shortages of qualified providers, long waitlists, and challenges in rural communities limit timely and disability-informed care.
- Building a local MH workforce through training, licensure support, and retention incentives is critical.
- Early childhood interventions, parenting education, anti-bullying programs, peer support, and integrated social/basic needs strategies help prevent crises.

Use the LHL Equity Tool!

SUBCOMMITTEE PARTNERS

Center for Family Development — Serving the community since 1991

United Way Lane County

Ko-Kwel Wellness Centers

Public Health — Lane County Oregon — Community Partnerships Program

ParentingNow

Trauma Healing Project

GamAware Coalition of Lane County — Gambling & Video Gaming Addiction Awareness

Alliance for a Safe Oregon — Working to end gun tragedies

University of Oregon

Charlie Health; Community Advisory Council; Early Childhood and Mental Health Workgroup; Early Childhood Hub of Lane County; Lane County Behavioral Health(Lane Care); Lane County System of Care; Lane County Veteran Services; Lane Education Service District; NAMI Lane; Quality Care Connections; Relief Nursery; Suicide Prevention Coalition of Lane County; Veterans Mental Health Advocacy Council; Western Lane Mobile Crisis

RESOURCE PARTNERS

Trillium Community Health Plan

Lane Community Health Council

Lane County Oregon — Health & Human Services

Kaiser Permanente

PacificSource Community Solutions