Healthy Columbia Willamette:

Assessing Community Needs, Improving Health

OPHA Annual Meeting

October 15th, 2013

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Panelists

- **Rachel Burdon**, *Kaiser Permanente*
- **Priscilla Lewis**, *Providence Health & Services*
- **Sunny Lee**, *Clackamas County Public Health Division*
- **Paul Lewis**, *Clackamas County Public Health Division*

Healthy Columbia Willamette: Making Collective Impact Work for Healthier Communities

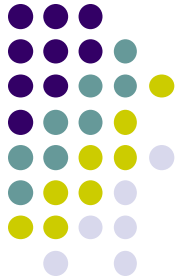
Priscilla Lewis

Providence Health & Services

HCW: Meeting the Conditions for Collective Impact and Community Success

- Collective Impact is more rigorous and specific than collaboration among organizations.
- **There are Five Conditions of Collective Impact Success**

5 Conditions



- *Common Agenda*: **shared vision for change**
- *Shared Measurement*: **Collecting data and measuring results consistently**
- *Mutually Reinforcing Activities*: **differentiated while still being coordinated**
- *Continuous Communication*: **Consistent and open communication**
- *Backbone Organization*: **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

Condition #1

- ***Mutually Reinforcing Activities*:** Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action

- HCW: 20 Public and Private NFP organizations that all have CHNA and CHIP requirements

Condition #2

- ***Shared Measurement*: Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable
- So far we have logged 1,600 epidemiologist hours
- Common measurement has been foundational
- Still surprises

Condition #3

- ***Common Agenda*: All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions**

- The shared vision has been the most exciting part of this work – evoked “sense of possibility”

Condition #4

- ***Continuous Communication*: Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation
- Monthly meetings, 3 year MOU's, stable membership, website, full time project team

Condition #5

- ***Backbone Organization*:** Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies**

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Regional Community Health Needs Assessment

Sunny Lee, MPH
Epidemiologist
Clackamas County
Public Health Division

Health, Housing & Human Services
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Healthy Columbia Willamette Year 1:
Regional Health Issues Selection

	Assessments			
	Community Themes & Strengths	**Health Status**	**LCHS & Forces of Change**	**Listening Sessions**
Was the issue identified by community members or population data?				
Access to Affordable Health Care	Yes	Yes	Yes	Yes
Cancer	Yes	Yes	No	No
Chronic Disease: Nutrition, Physical Activity	Yes	Yes	Yes	Yes
Culturally Competent Data/Services	No	No Data	Yes	No
Injury	No	Yes	No	No
Mental Health	Yes	Yes	Yes	Yes
Oral Health	No	No Data	No	Yes
Sexual Health	No	Yes	No	No
Substance Abuse	Yes	Yes	Yes	Yes

Mobilizing for Action through Planning and Partnerships

MAPP

- "A community-driven strategic planning process for improving community health"

- Used to identify the most important community health issues
  - Community input, qualitative input, strategic planning, measures to improve community health

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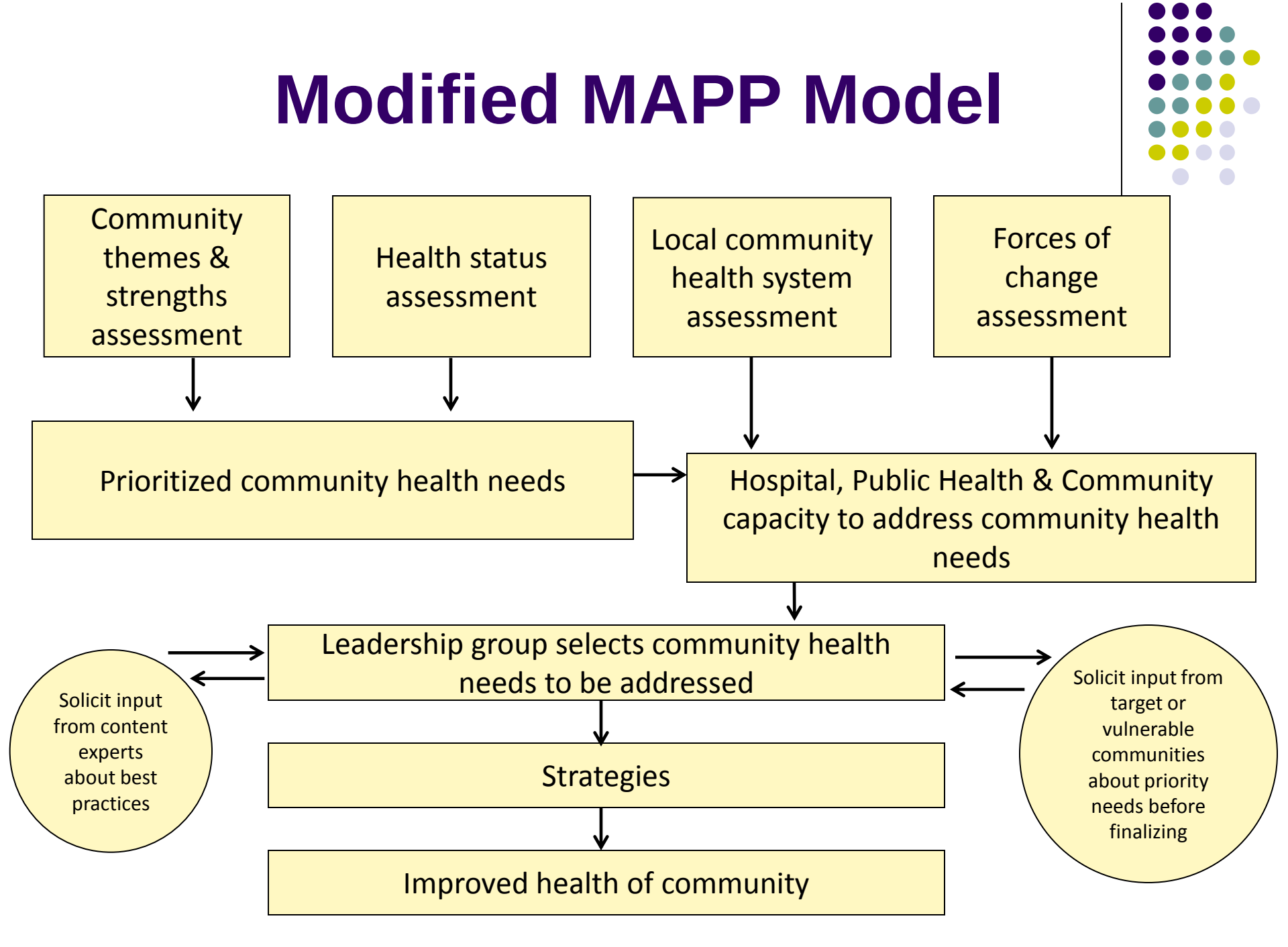
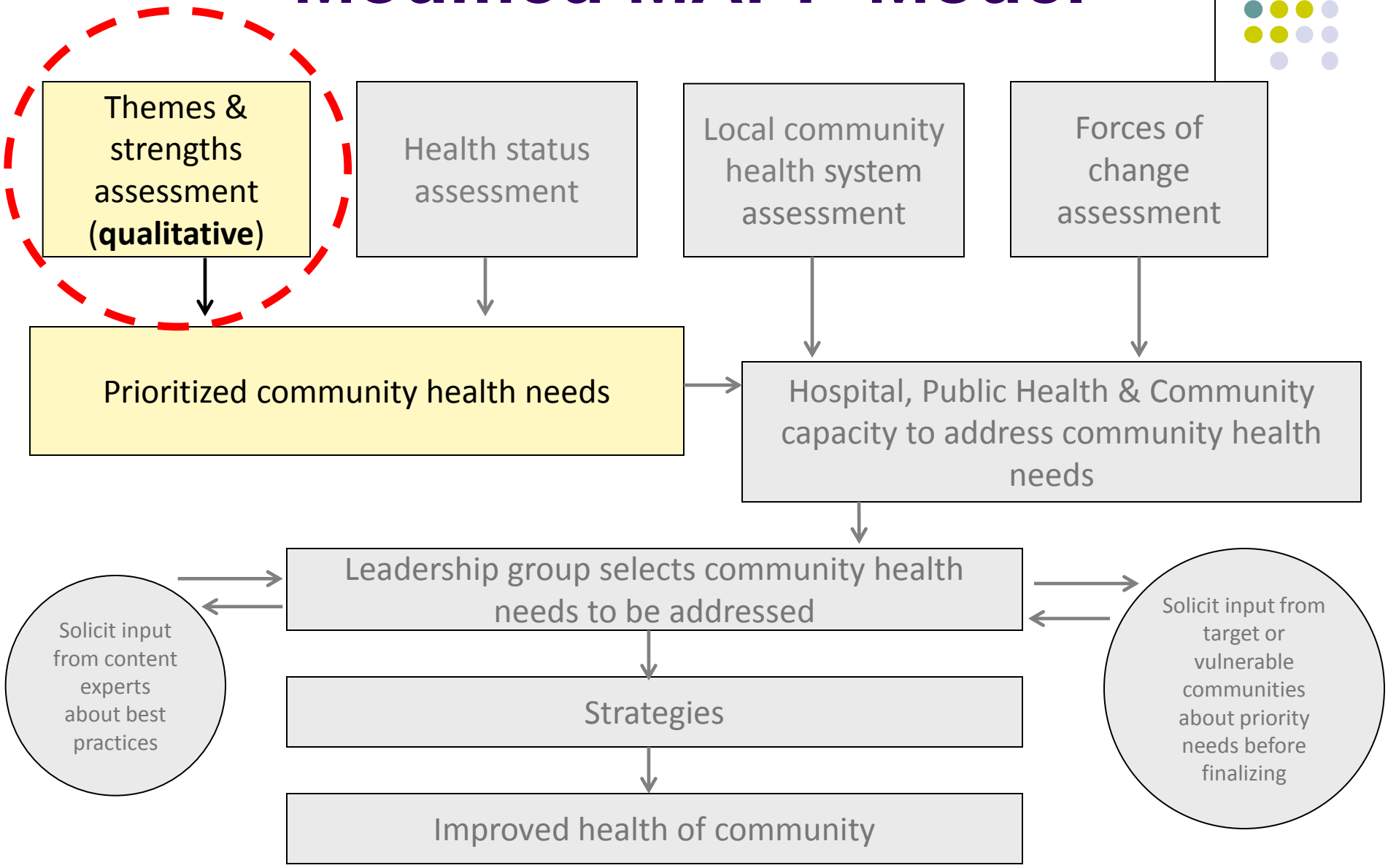
Modified MAPP Model



Modified MAPP Model



Modified MAPP Model

Themes & strengths assessment (**qualitative**)

"What is important to our community?"

"How is quality of life perceived in our community?"

"What assets do we have that can be used to improve community health?"

Community-Identified Health-Related Themes

Community Themes and Strengths Assessment:
Methodology

- Inventory of previously completed community engagement projects
- Four inclusion criteria (n = 62):
  - Designed to explore health-related needs
  - Completed within last 3 years (since 2009)
  - Had geographic scope within four-county region
  - Engaged individual community members
- Themes ranked by how many reports it was identified in

Community Themes and Strengths Assessment:
Results—Identified Health Themes

Social Environment

Equal Economic Opportunities

Access to Affordable Health Care

Education

Access to Healthy Food

Housing

Mental Health & Substance Abuse

Poverty

Early Childhood/Youth

Chronic Disease

Safe Neighborhood

Transportation Options

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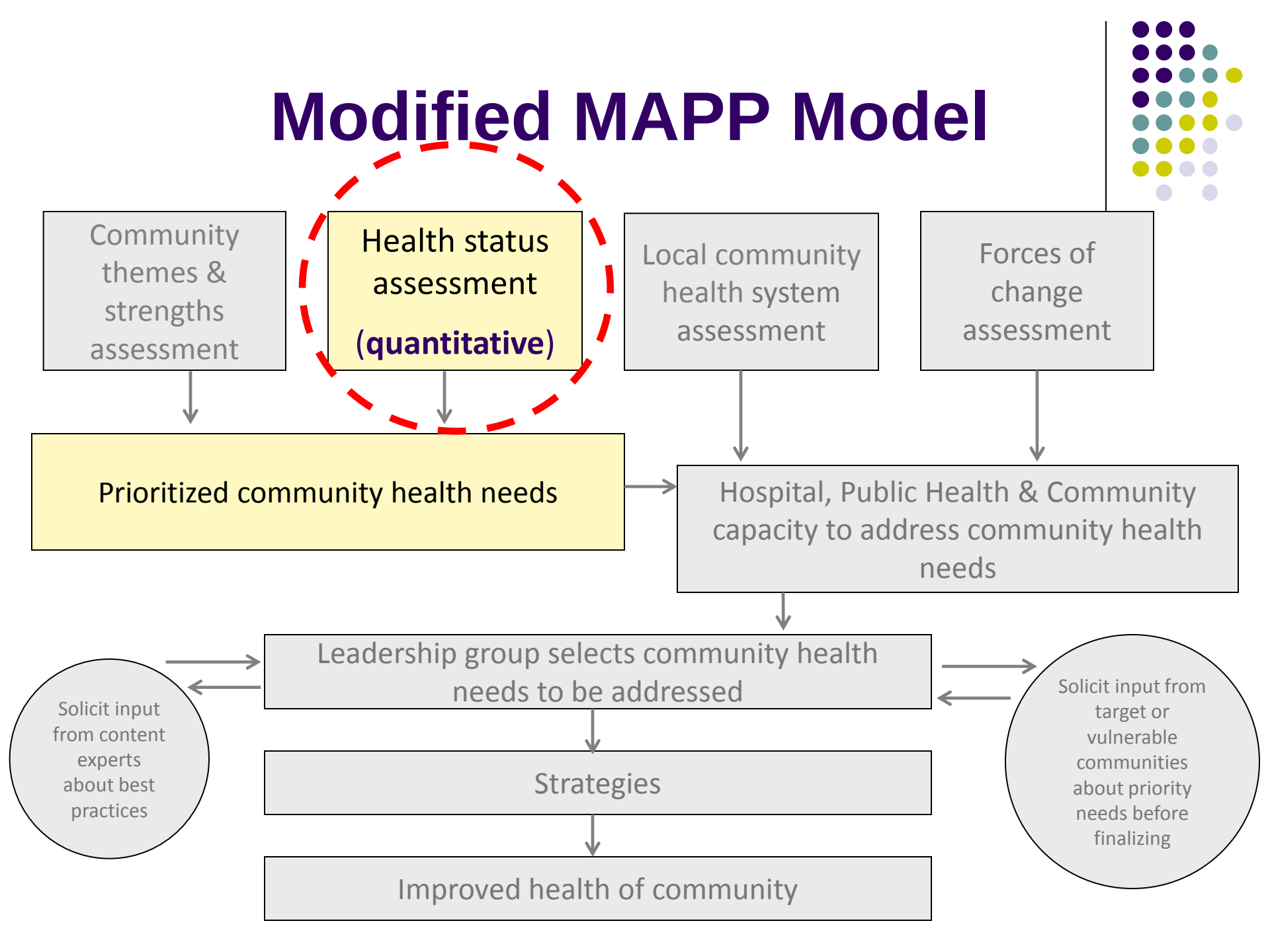


Modified MAPP Model

Health status assessment

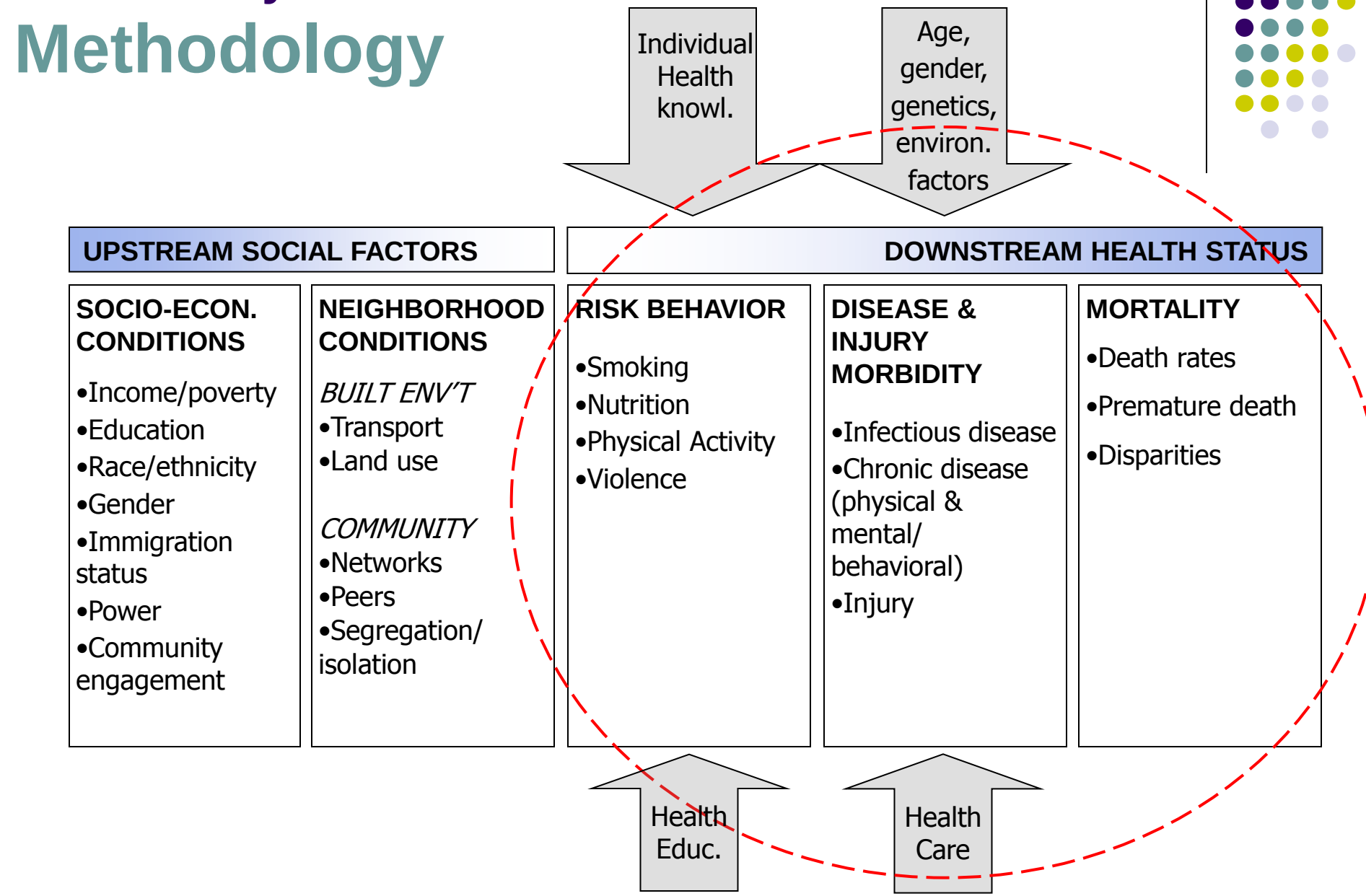
(quantitative)

"How healthy are our residents?"

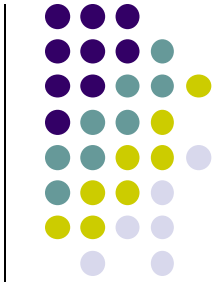
"What do the health statistics of our community look like?"

Prioritize health status issues

Community Health Status Assessment:
Methodology



Adapted from "Framework for understanding and measuring health inequalities", Bay Area Regional Health Inequities Initiative



INDICATORS:
HEALTH OUTCOMES & BEHAVIORS

Health indicators from public data sources

+

Other indicators identified through consultation with colleagues

+

Leading causes of death

ANALYSIS CRITERIA

racial/ethnic disparities
gender disparities
comparison to state value
trend
magnitude
severity

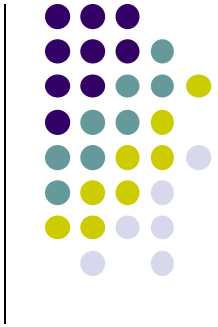
Community Health Status Assessment:
Methodology cont'd

- All criteria weighted equally
- Possible high score of 6
- Health indicators ranked by score for each county
- Regional health indicator ranking created by averaging individual scores of 4 counties
- Indicators grouped into health issues

ANALYSIS CRITERIA

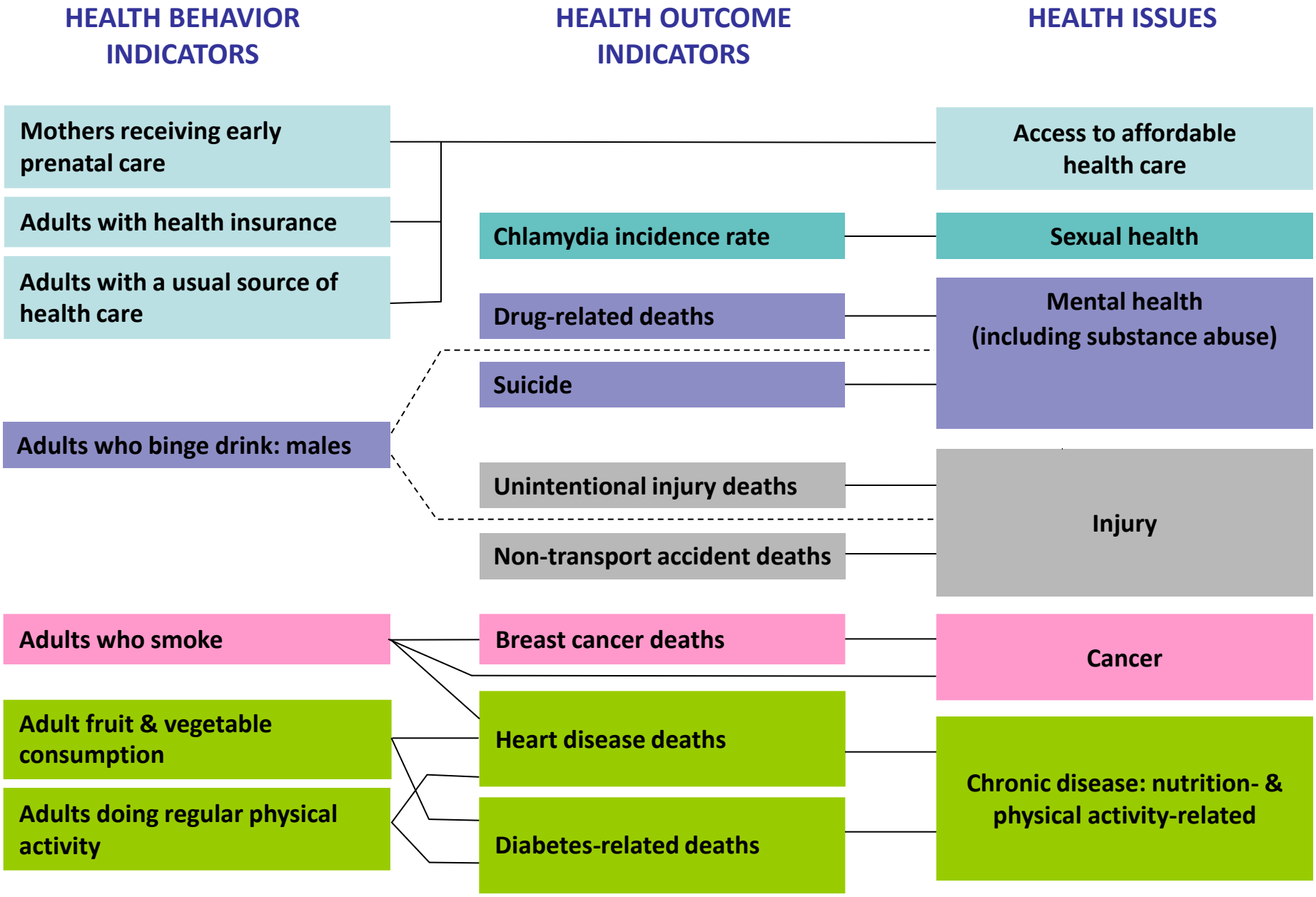
racial/ethnic disparities	trend
gender disparities	magnitude
comparison to state value	severity

Community Health Status Assessment:
Results—Top Regional Indicators



Rank	Score	Health Outcomes
1	**5.3**	**Non-transport accident deaths**
2	**4.7**	**Suicide**
2	**4.7**	**Chlamydia incidence rate**
4	**4.4**	**Breast cancer deaths**
4	**4.4**	**Heart disease deaths**
4	**4.4**	**Unintentional injury deaths**
7	**4.3**	**Drug-related deaths**
8	**4.1**	**Diabetes-related deaths**
9	*3.9*	*Prostate cancer deaths*
9	*3.9*	*Alzheimer's disease deaths*
9	*3.9*	*Adults who are obese*
9	*3.9*	*All cancer deaths*

Rank	Score	Health Behaviors
1	**4.0**	**Adult fruit/vegetable consumption**
2	**3.7**	**Adults doing regular physical activity**
3	**3.0**	**Adults with health insurance**
4	**2.4**	**Adults with usual source of health care**
5	**2.1**	**Adults males who binge drink**
6	**2.0**	**Mothers receiving early prenatal care**
7	**1.6**	**Adults who smoke**
8	*1.4*	*Children with health insurance*



Solid Line: strong relationship based on scientific studies
Dotted Line: weaker links with less supporting evidence

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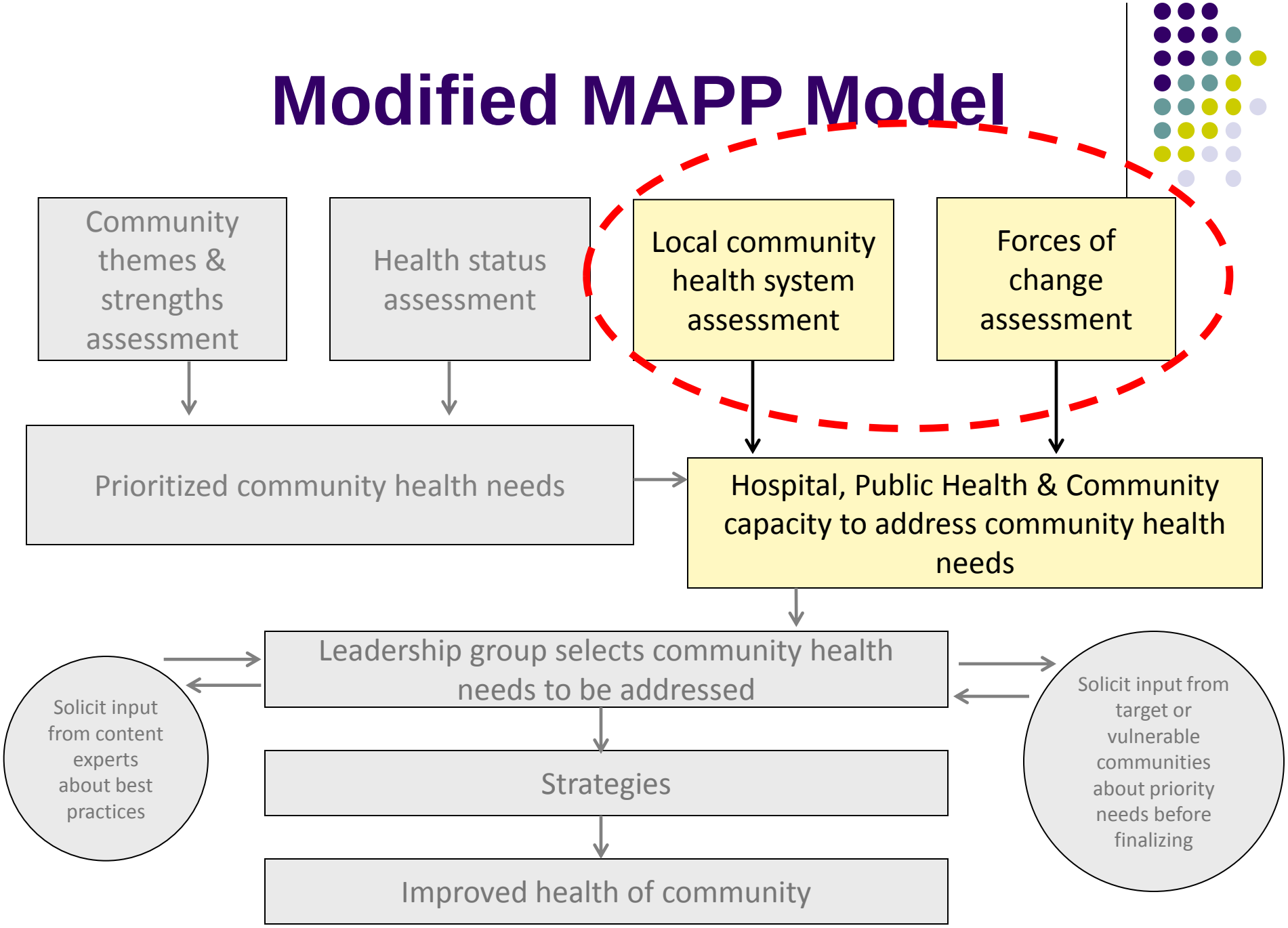

Modified MAPP Model

Local community health system assessment

Forces of change assessment

"What are the components, activities, competencies, and capacities of our local public health system?"

"What is occurring or might occur that affects the health of our community or the local public health system?"

Assess local community health system's client needs & capacity to address health needs

Local Community Health System & Forces of Change Assessment:

Methodology

- Stakeholder list (N=126) was developed from CHNA requirements of HCW members

- Interview (n=69) and survey (n=57) questions:
  - Health of population served
  - Name health issues not identified by previous assessments
  - Rank top three health issues
    - **Current and future work** related to the issue
    - **Factors that may help and hinder** their organization's ability to address the issue
    - **Organizational capacity** to address the issue

- Prioritized issues: 30% of respondents

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Local Community Health System & Forces of Change Assessment:

Results—Health Issues

LCHS-Identified Health Issue	Interview (n=69)		Survey (n=57)	
Access to Health Care	50	(72%)	38	(67%)
Mental Health	44	(64%)	38	(67%)
Chronic Disease	45	(65%)	20	(35%)
Substance Abuse	44	(64%)	15	(26%)
Culturally Competent Services/Data	4	(6%)	19	(33%)

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Local Community Health System & Forces of Change Assessment:

Results—Capacity

Frequent Activities	Needed Resources
• Collaborate with others to identify strategies to address health issues	• Partnerships with other organizations
• Provide services to individuals	• Increased availability of services
• Help clients navigate the health care/social service system • Work to coordinate care	• Health care reform • Expanded access to Medicaid or other insurance
• Policy advocacy for the community	• Advocacy, new legislation, and political support • Funding • Raise public awareness and interest in the issue

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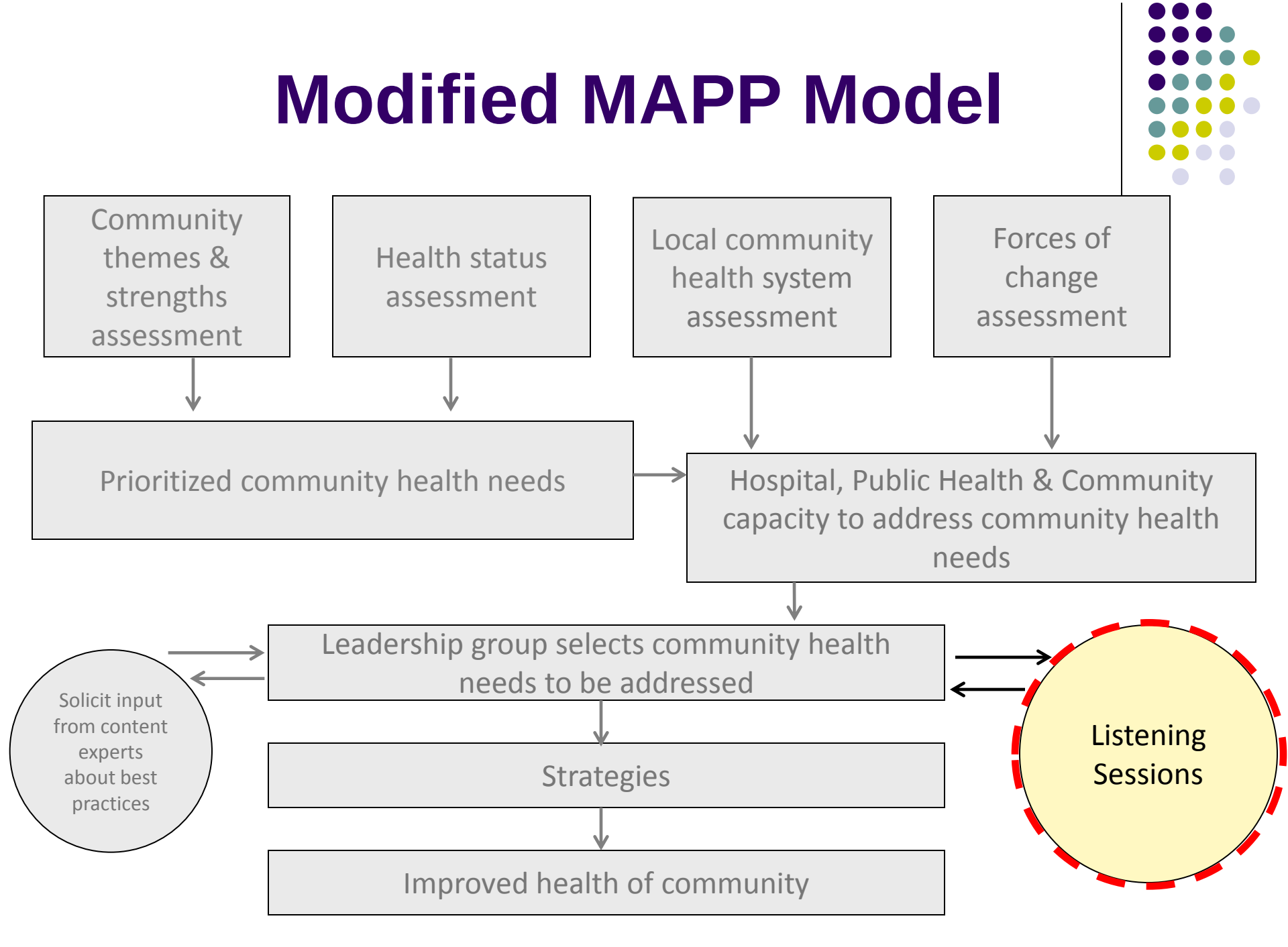
Modified MAPP Model



Modified MAPP Model

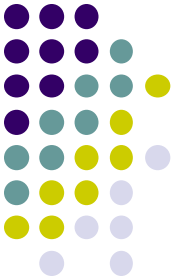
Verify identified health issues with vulnerable communities

"What does health in this community look like to you?"

"What are the five health issues that you would like to see addressed first?"

Listening Sessions

Community Listening Sessions:
Methodology



- Targeted no/low-income and/or uninsured population
- Distributed recruitment flyers to organizations and community-accessible locations
- At least three sessions per county
- Hospital partners provided food, childcare, and gift card incentives
- Language services on-site: Spanish, Somali, Russian
- Voluntary exit surveys given to participants

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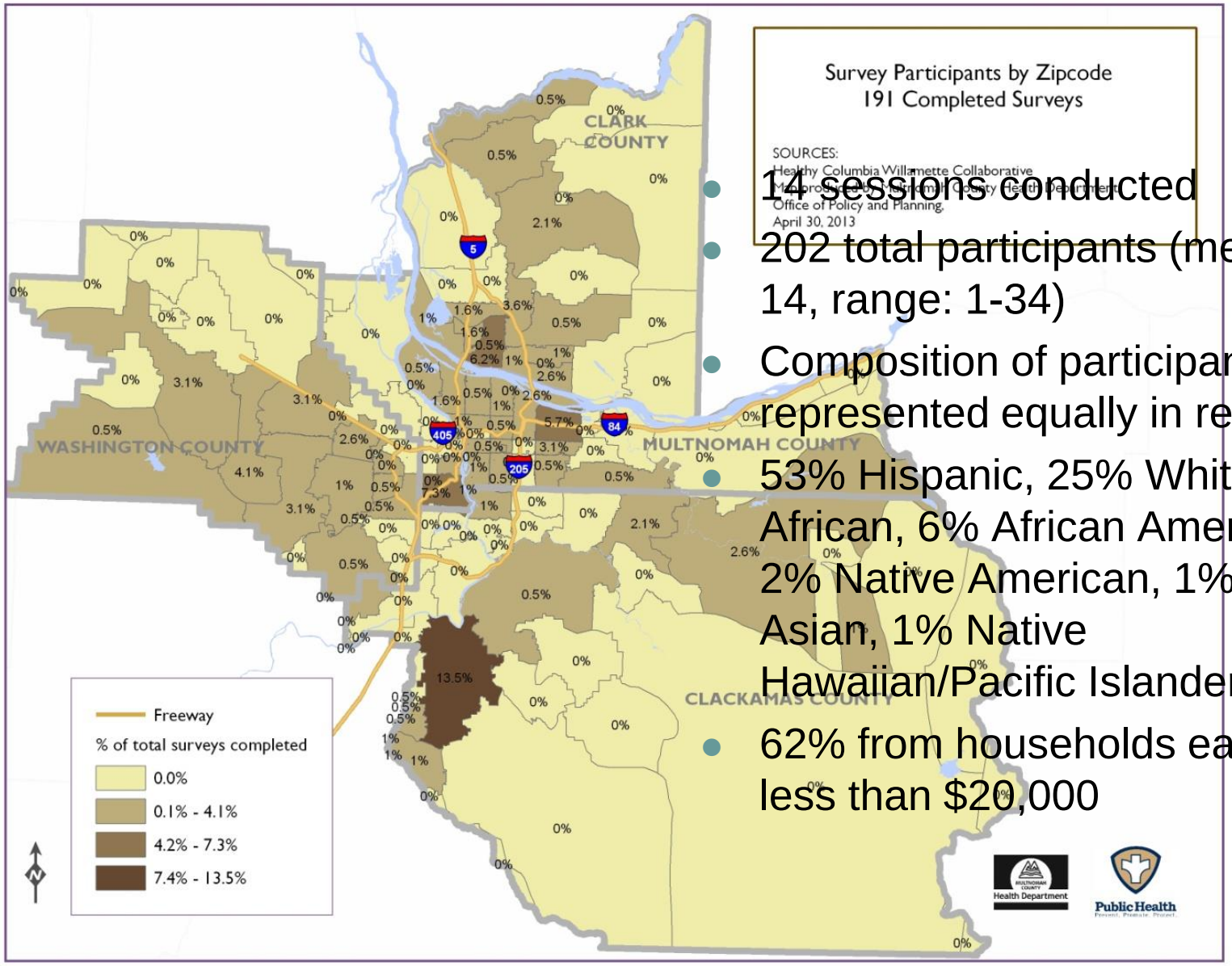
Community Listening Sessions:
Methodology (cont'd)

- Small group questions
  - What does a healthy community look like to you?
  - Are there other health issues that you think should be on this list?

Access to affordable dental care	Perinatal health
Access to affordable health care	Injuries from falling
Access to affordable mental health services	Mental health
Access to services that are relevant/specific to different cultures	Oral health
Accidental poisoning from chemicals, pesticides, gasses, fertilizers, etc.	Data collection on the health of people from various cultures
Cancer	Sexually transmitted infections/diseases
Chronic disease and related health behaviors	Substance abuse

  - What are the five health issues that you would like to see addressed first? (vote)
  - What should be done to fix or address these health issues?

Community Listening Sessions:
Results—Participant Demographics



- 14 sessions conducted
- 202 total participants (mean: 14, range: 1-34)
- Composition of participants not represented equally in region
- 53% Hispanic, 25% White, 7% African, 6% African American, 2% Native American, 1% Asian, 1% Native Hawaiian/Pacific Islander
- 62% from households earning less than $20,000

Community Listening Sessions:
Results—Health Issues

Top Five Issues	Community-Supported Strategies
1. Mental Health	Promote ***social practices*** that work against social isolation, stigma, and anxiety
2. Chronic Disease (nutrition, physical activity related)	Build ***affordable community*** programs promoting physical activity for all ages and nutritious options in convenience & grocery stores; farmers markets, ***community*** gardens; limit SNAP options; disease risk factors & symptom ***education***
3. Substance Abuse	Create centralized treatment services as part of comprehensive treatment plan; raise ***community*** awareness of issues & treatment; work with elementary schools to develop strong anti-drug ***curriculum***; ***policies*** restricting access
4. Access to Affordable (and convenient) Health Care	***Lower rates*** for health services not covered by insurance; more ***affordable*** health insurance coverage; **sliding fee scale**; **extend** hours of operation; **lower cost of/incentivize *preventive*** screenings, routine checkups so low-income persons avoid waiting until require ***costly*** emergency procedures
5. Oral Health and Access to Oral Health Services	***Drop provider prices*** specifically for ***preventive*** services and/ or offer ***payment plans*** for costly ones; ***expand*** insurance coverage—eligibility and geography

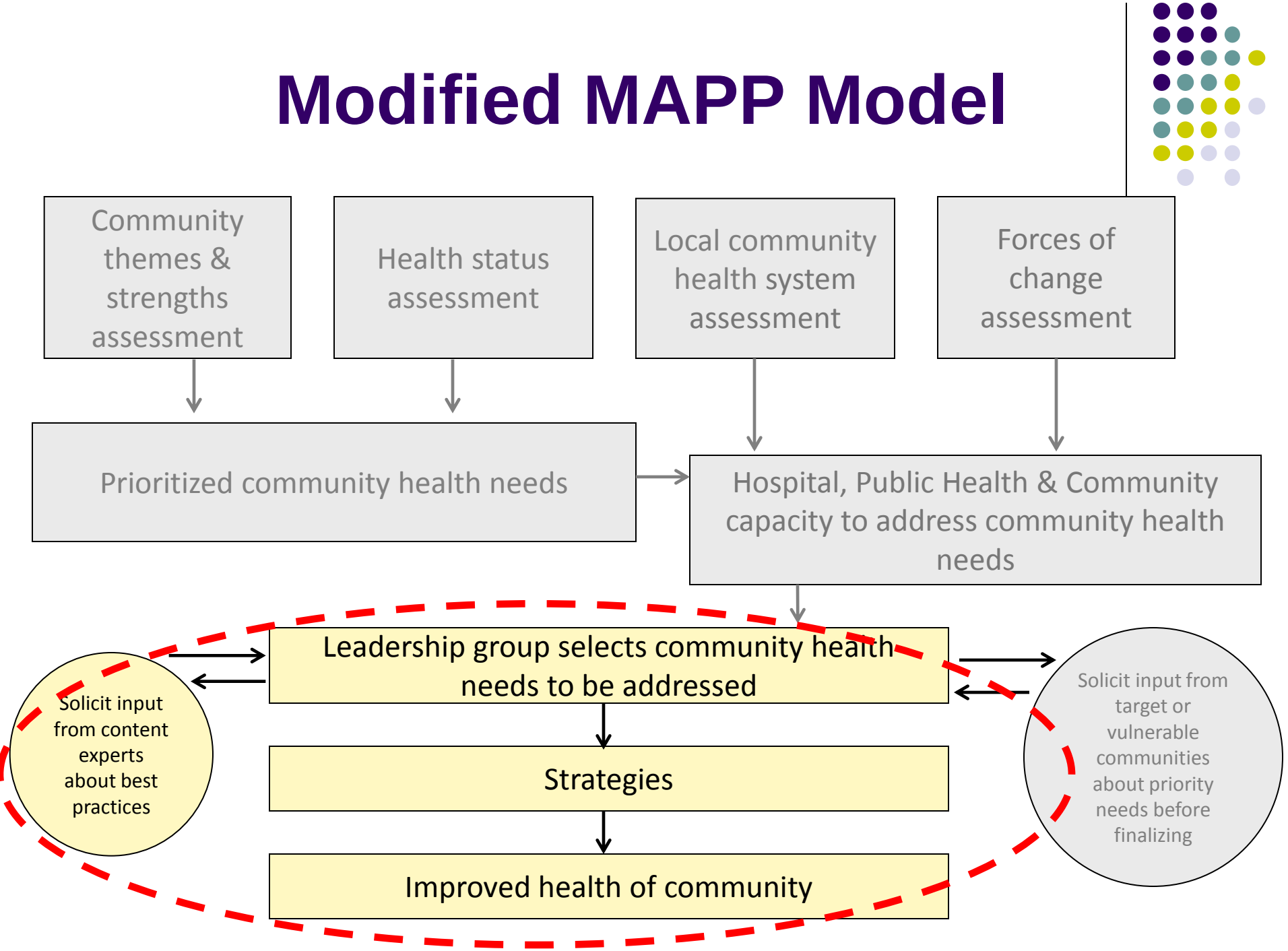
Community Listening Sessions:
Results—Health Issues

Top Five Issues	Affordability	Community/ Education	Prevention	Access
1. Mental Health		*Social practices*	*Stigma, anxiety, isolation*	
2. Chronic Disease (nutrition, physical activity related)	*Grocery stores*	• *Community programs and gardens* • *Risk factors*		*Convenience stores*
3. Substance Abuse		• *Community awareness* • *Anti-drug curriculum*	*Policies restricting access*	
4. Access to Affordable (and convenient) Health Care	• *Lower rates for insurance* • *Sliding fee scale*		• *Screenings* • *Routine check ups*	*Extend hours of operation*
5. Oral Health and Access to Oral Health Services	• *Drop provider prices* • *Payment plans*		*Preventive services*	*Expand eligibility and geography*

Putting the Pieces Together:
Regional Health Issues Selection

	Assessments			
	Community Themes & Strengths	Health Status	LCHS & Forces of Change	Listening Sessions
Was the issue identified by community members or population data?				
Access to Affordable Health Care	Yes	Yes	Yes	Yes
Cancer	Yes	Yes	No	No
Chronic Disease: Nutrition, Physical Activity	Yes	Yes	Yes	Yes
Culturally Competent Data/Services	No	No Data	Yes	No
Injury	No	Yes	No	No
Mental Health	Yes	Yes	Yes	Yes
Oral Health	No	No Data	No	Yes
Sexual Health	No	Yes	No	No
Substance Abuse	Yes	Yes	Yes	Yes

Modified MAPP Model



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Strategies for Improving Community Health Together

Paul Lewis, MD, MPH
Health Officer
Clackamas County
Public Health Division

Health, Housing & Human Services
CLACKAMAS COUNTY

How Should HCW Focus?

- Was Topic Identified in Community Engagement?
- Identified by Health Assessment?
- Expensive ?
- Are there Evidence-based interventions?

Healthy Columbia Willamette Year 1:
Regional Health Issues Selection

	Assessments			
	Community Themes & Strengths	Health Status	LCHS & Forces of Change	Listening Sessions
Was the issue identified by community members or population data?				
Access to Affordable Health Care	Yes	Yes	Yes	Yes
Chronic Disease: Cancer	Yes	Yes	No	No
Chronic Disease: Nutrition, Physical Activity	Yes	Yes	Yes	Yes
Culturally Competent Data/Services	No	No Data	Yes	No
Injury	No	Yes	No	No
Mental Health	Yes	Yes	Yes	Yes
Oral Health	No	No Data	No	Yes
Sexual Health	No	Yes	No	No
Substance Abuse	Yes	Yes	Yes	Yes

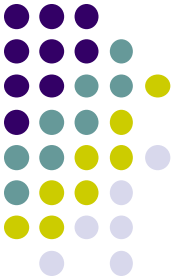
HCW Focus Areas for Year 2

Mental Health + Substance Abuse

Prevention of Chronic Disease through Healthy Eating and Active Living

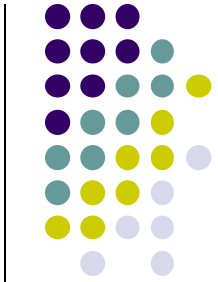
Access to Affordable Health Care

Articulating Goals for Focus Areas



- Meaningful
- Measurable
- Address one or more disparity

Criteria for Collective Strategies



- Measurable outcomes
- Evidence-based
- Feasible in 3-5 years
- Supported by HCW members

Mental Health

Our Vision

Reduce suffering and deaths from mental illness

Our 2014-17 Goal

Identify preventable risk factor patterns in suicides/attempts

Our Proposed Strategies

Suicide-attempt/fatality reviews &
Develop and implement relevant prevention interventions

Substance Abuse

Our Vision

Reduce frequency and severity of substance abuse

Our 2014-17 Goal

Reduce the number of opiate overdose deaths

Our Proposed Strategies

Promote adoption of uniform opiate prescribing guidelines

Access to Care

Our Vision

All people will have access to affordable health care

Our 2014-17 Goal

Support widespread enrollment in insurance expansion programs

Our Proposed Strategies

Identify populations that are lagging in enrollment and support focused outreach

Chronic Disease-Food and Exercise

Our Vision

work in progress

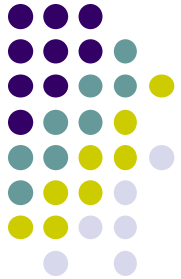
Our 2014-17 Goal

work in progress

Our Proposed Strategies

work in progress

Challenges and Opportunities



- Many perspectives
  - Hospitals
  - Insurers
  - Counties
  - CCOs
- Many experts
- Much room to improve

- Vision vs SMART Objectives
- Competing priorities and deadlines
- Funding and Sustainability

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Questions?

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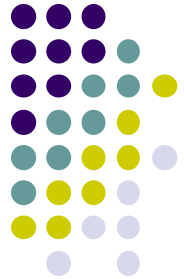

Local Community Health System & Forces of Change Assessment:

Results

IRS/OHA Requirement	Interviews	Surveys
Medically underserved, underinsured, uninsured, low income, minority populations, populations with chronic disease needs & other special populations	53%	56%
Federal, tribal, regional, State, or local health or other agencies	29%	17%
Area Agencies on Aging (AAAs), mental health, substance abuse, disability, aging and LGBTQI communities	14%	28%
People with special knowledge of or expertise in public health	4%	0

Local Community Health System & Forces of Change Assessment:

Results

Population Served	Interviews	Surveys
Medically underserved, uninsured, underinsured populations	56%	72%
Communities of color	74%	41%
Children/youth	43%	70%
Populations with mental health and/or substance abuse needs	45%	59%
Disability community	43%	47%
Populations with a chronic disease need	42%	47%
Aging community	46%	33%
Low income populations	61%	7%
LGBTQI community	35%	18%
People who are dependent on public transportation	1%	53%
Immigrants and/or refugees	14%	19%

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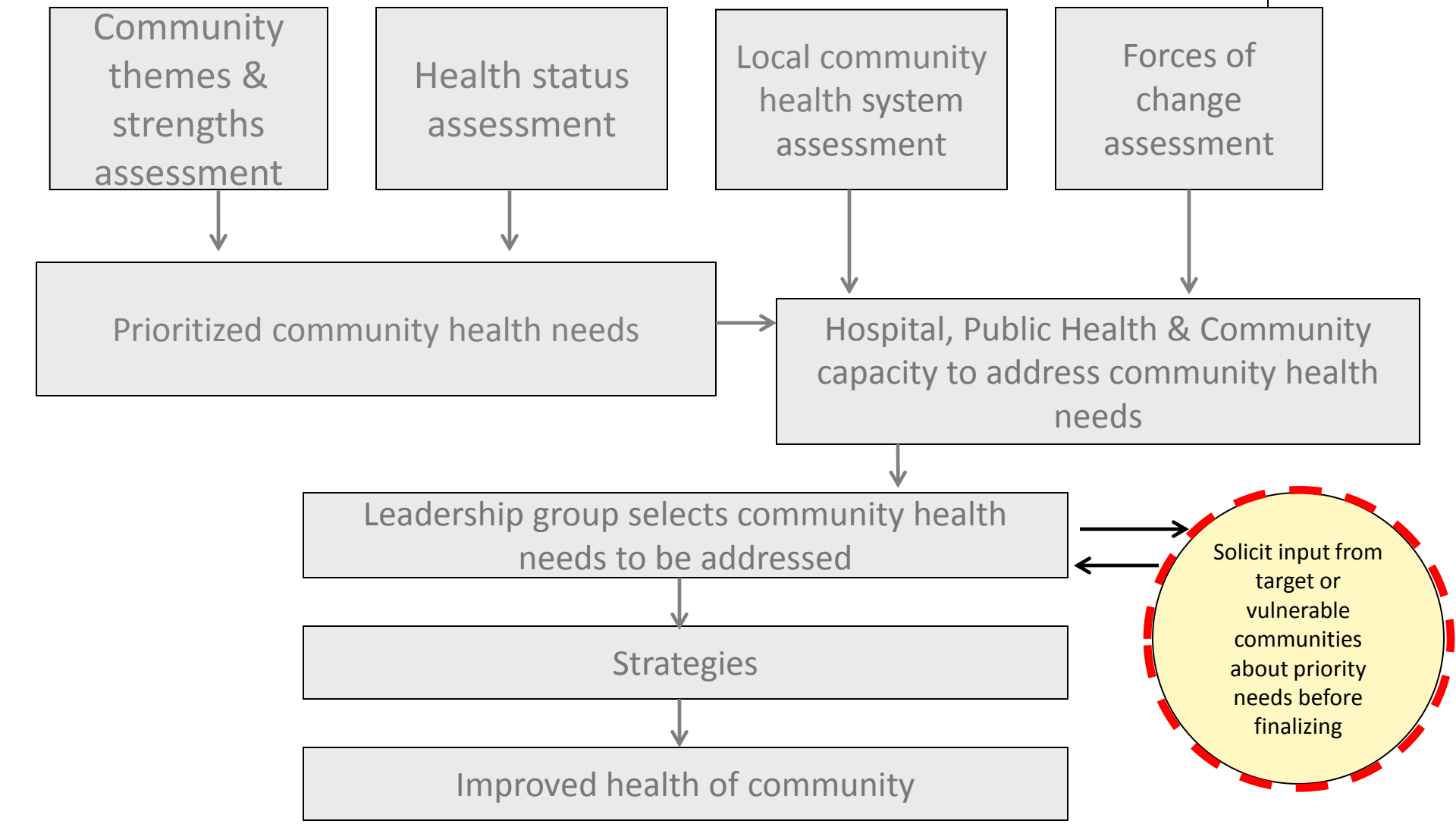
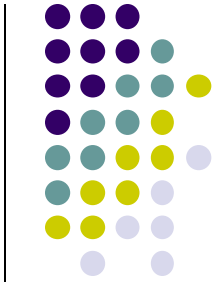


Listening Sessions: Preliminary Regional Issues



Regional Community Health Issue	Notes
Mental Health	More than three quarter of individual participants
Chronic Disease (nutrition, physical activity related)	About two-thirds of individual participants
Oral Health (including dental care)	A little less than half of individual participants
Access to Affordable (and Convenient) Health Care	A little less than half of individual participants
Substance Abuse	About one quarter of individual participants
Interpersonal Violence (domestic violence, child abuse, sexual harassment, bullying)	A little more than 10% of participants

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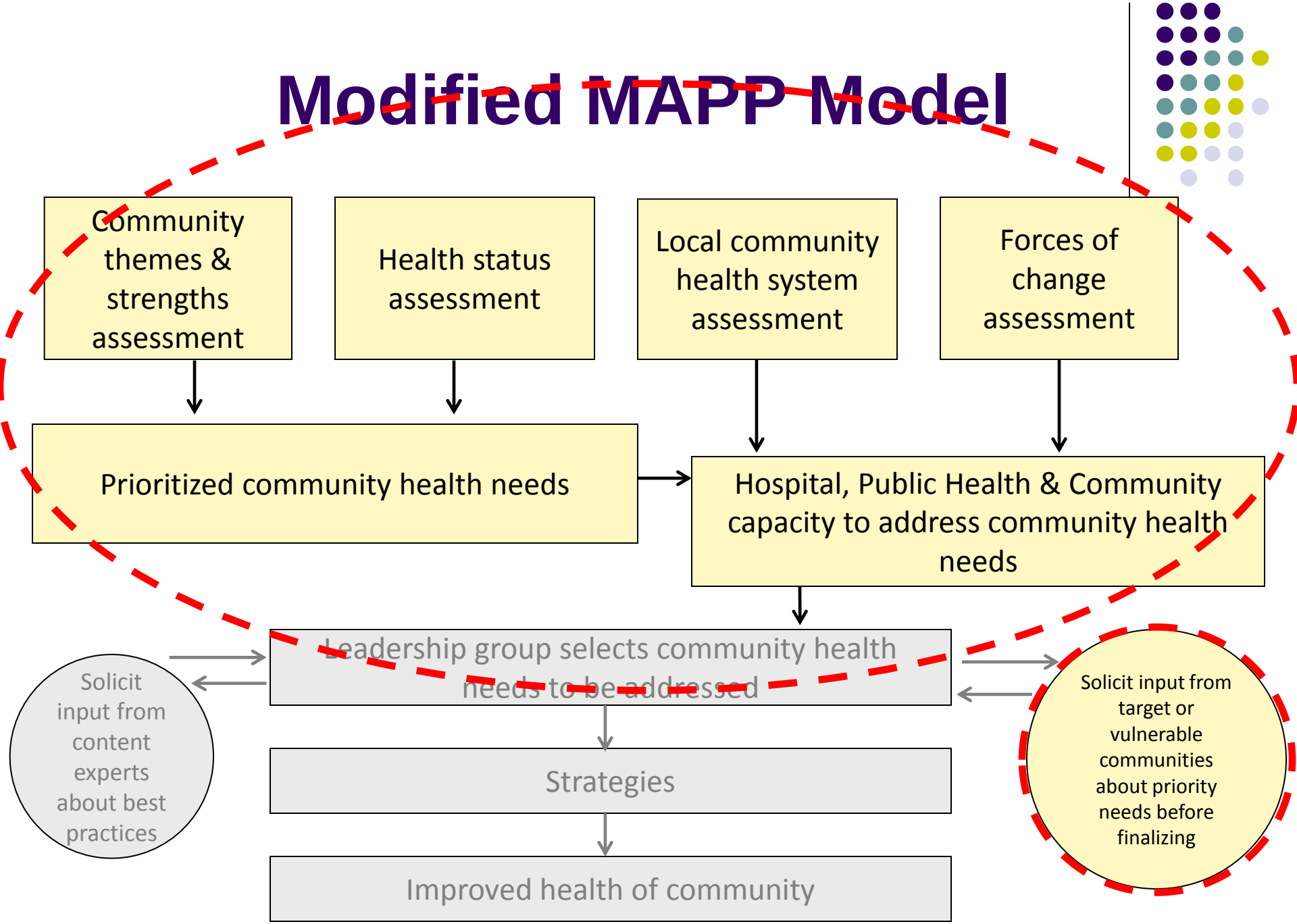

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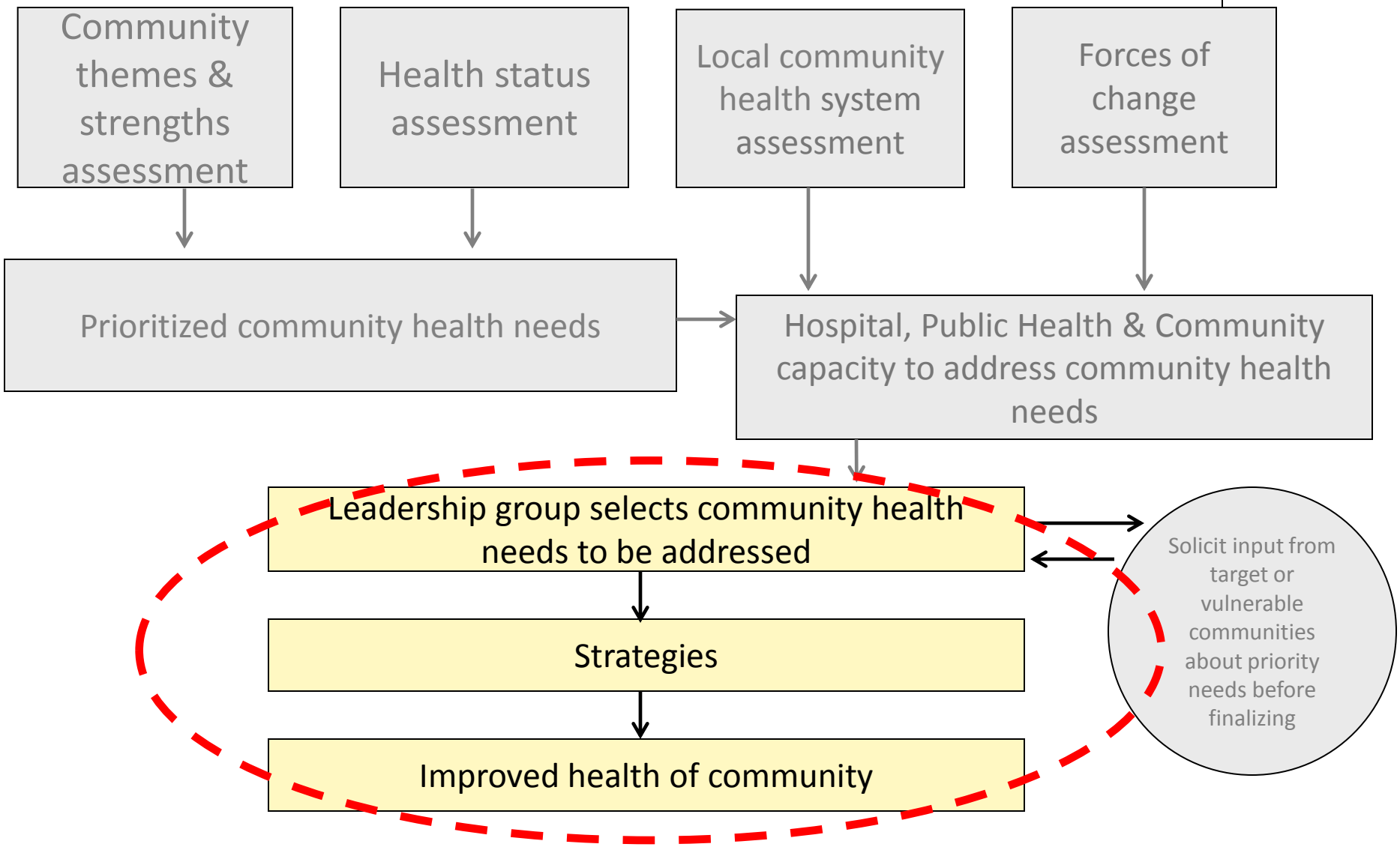
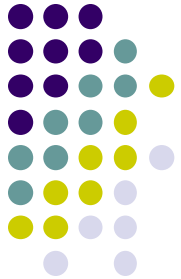


Community Themes and Strengths Assessment:
Strengths & Limitations



Limitations

- Targeted populations
- Varied methodologies
- Selection bias
- Not representative

Strengths

- Overall scope of community engagement efforts
- Prevents duplication efforts
- Respect previous contribution of community members

Community Health Status Assessment:
Limitations & Strengths

Limitations

- Differing data collection methodologies
- Self-reported surveys
- Data gaps
- Granularity
- Low counts

Strengths

- Prioritization scheme based on established methodology
- Systematic analysis across county and region
- Similar health issues prioritized across region

Local Community Health System & Forces of Change Assessment:

Limitations & Strengths

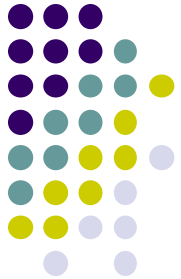
Limitations

- Convenience sample
- Organizational focus affects population representation

Strengths

- Iterative process: validation of health priorities
- Addressed capacity around priorities from those who serve community members

Community Listening Sessions:
Limitations & Strengths



Limitations

- Group bias
- Convenience sample
  - Number of sessions
  - Locations

Strengths

- Validation of health priorities
- Account for needs of vulnerable populations