
Oregon's Healthy Future

A Statewide Health Improvement Plan for Empowering Communities

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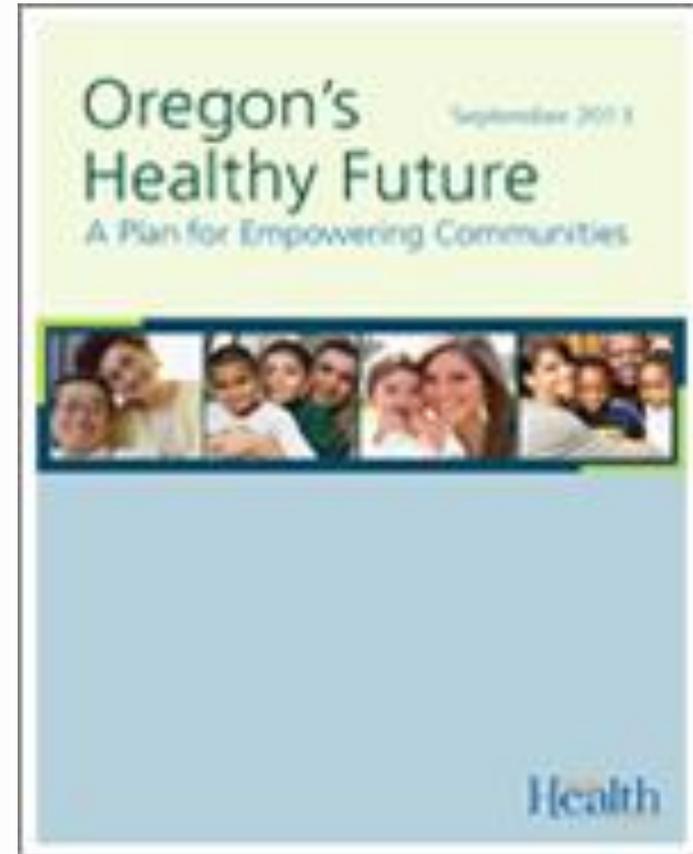


What is a SHIP versus a CHIP?

- The **Statewide Health Improvement Plan (SHIP)** serves as a system-wide planning guide for Oregon's collective efforts to improve the lifelong health of all Oregonians.
- The **Community Health Improvement Plan (CHIP)** serves as a county or region-wide planning guide for local collective efforts.
- The Oregon Public Health Division's Strategic Plan is the plan for OHA-PHD agency priorities over the next five years.

State Health Improvement Plan

- Oregon's Healthy Future is Oregon's current SHIP
- Oregon's Healthy Future was developed through stakeholder process during 2012-2013
- Relied on results of community engagement processes from 2010 and 2012



Oregon's Healthy Future: current version

- Priorities in Oregon's Health Future
 - Improve health equity
 - Prevent and reduce tobacco use
 - Slow the increase of obesity
 - Improve oral health
 - Reduce substance abuse and other untreated behavioral health issues
- Why revisit the plan?
 - Stakeholder Input
 - Affordable Care Act and health system transformation

Community engagement for Oregon's Healthy Future update

- To facilitate an update to Oregon's Healthy Future that reflects the needs of key partners and communities throughout the state, OHA PHD embarked on a community engagement initiative May - September 2014
- We reached out to:
 - CCOs and CCO Community Advisory Councils, county health departments, schools of public health, non-profit partners, city and county government leaders, community members

Community engagement dates for Oregon's Healthy Future update

Deschutes County : May 22

Lane County: May 29

Multnomah County: June 2

Washington County: June 30

Lincoln County: July 9

Umatilla County: July 22

Jackson County: August 11

Multnomah County: September 9
(Allies for a Healthy Oregon)

Goals of the SHIP Community Outreach

- Obtain critical feedback on what needs to happen at the state level to improve the health of everyone in Oregon
- Ensure the state health improvement plan is linked and supported by local community health improvement plans
- Identify overlapping efforts and leverage resources on shared strategies
- Provide resources to support non-shared strategies

Updating Oregon's Healthy Future

- Criteria for priority areas
 - Address a leading cause of death, disease, or injury in Oregon?
 - Does Oregon rank low or significantly below a national mean in the area?
 - Is there a changing trend that needs to be addressed?
 - Is this a winnable battle (in Oregon or nationally)?

Additional criteria for topic areas

- Address health equity within each identified priority with a proactive effort to address a broad set of equity factors (race, language, socioeconomic status, gender, sexual orientation, disability, mental health condition)
- Measurable, reliable data
- Meaningful burden on the population for morbidity and mortality
- Existence of evidence-based, population-level interventions that can lead to measurable improvements

Population Health Issues in Oregon – 2014

Leading causes of death

Tobacco
Obesity
Substance abuse

Not improving over time

Diabetes
Sexually transmitted infections
Pertussis
Opioid-related overdoses

Key questions

- 1) Looking at these potential health issues, are there any missing?
- 2) Which of these health issues should be prioritized?
- 3) Which of these health issues are also priorities in your local area?
- 4) From a state perspective, what should be done to address these health issues?

National ranking

Suicide
Oral health
Immunizations

Winnable battles

Health Care acquired infections
Food safety (i.e., salmonellosis)
Teen births
Motor vehicle injuries and deaths

Themes from Community Meetings

- Health equity should be addressed upfront
- Mental health as a co-morbidity
- Monetize the cost savings from prevention
- Acknowledge the role of adverse childhood events and focusing on early childhood interventions
- Priorities will be a focus for the duration of SHIP (3-5 years) but all the normal work of public health will continue.

Themes from Community Meetings (continued)

- Several categories could be lumped together
 - Immunizations – don't call out pertussis; flu is a bigger issue
 - Behavioral health: substance abuse, suicide, opioid-related overdoses
 - Chronic disease management
- Consider removing from the priority list:
 - Teen births,
 - Motor vehicle accidents,
 - Food safety,
 - Healthcare acquired infections
- 50-50 split on whether or not to call out diabetes separately from obesity
- Keep as priorities: tobacco, obesity, oral health, immunizations

Recommendations

- Limit the number of priorities to 4-6.
- Frame in the context of social determinants of health, health equity, and ROI for prevention.
- Priorities need to be understandable, measureable, and achievable.
- For interventions, look at approaches on multiple levels:
 - Population Health
 - Clinical & health system
 - Equity
 - Early childhood
 - Health in all policy
- Address overlaps in priorities/interventions (i.e. behavioral health and tobacco use)

Next Steps

- Define specific, achievable interventions at multiple levels:
 - Population Health
 - Clinical & health system
 - Equity
 - Early childhood
 - Health in all policy
- Work with agency partners on shared and overlapping priorities
- Collaborate with local public health on shared priorities and strategies
- Bring back to community—reaching out to a broader set of partners
- Updated SHIP mid 2015

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Meeting dates & materials are available online:
bit.ly/oregonshealthyfuture