2017-2019 Community Health Improvement Plan (CHIP)

In 2015, a community partnership between Umatilla and Morrow Counties was formed to address the need for a joint Community Health Needs Assessment (CHNA) and Childrens Health Needs Assessment (This plan does not include the results of the children's survey).
This partnership included:

- Good Shepherd Health Care System
- St. Anthony Hospital
- Oregon Child Development Coalition
- Morrow County Public Health
- Umatilla County Public Health

The research was conducted by The Hospital Council of Northwest Ohio (HCNO) and public health researchers from the University of Toledo. To design the survey the HCNO worked with community leaders that helped develop the content, scope, and launch of the survey. The Behavioral Risk Factor Surveillance System (BRFSS), which is the nation's premier telephone survey was used as a benchmark. This was a paramount decision that would enable data recipients to compare the CHNA against state and national data.

At the same time, a parallel CHNA was conducted, focusing on the Hispanic and Native American communities of Umatilla and Morrow counties. For more information please visit the Good Shepherd Health Care System website for the exhaustive CHNA report.

In the fall of 2015, the survey was launched targeting adults 19-years-of-age and older living in Umatilla and Morrow counties. Based on county statistics, Umatilla county had 54,531 persons in that age range and Morrow county having 7,805. In order to achieve a 95% confidence level ± 5% a total sample size of 374 was needed for Umatilla county and 324 for Morrow county.

A total of 2,400 surveys were mailed to residents of Umatilla and Morrow counties. The response rate for the survey in Umatilla county was 412 respondents and in Morrow county 458 respondents ultimately providing a higher confidence level of ±3% combined.

Based on the results from the CHNA this coalition decided to combine efforts to more effectively work together on prioritizing the following five areas that the CHNA determined were of high concern. These top five priority areas include:

HEALTH DISPARITY	PRIMARY CONCERNS	CURRENT EFFORTS	GAPS IN PROGRAMMING
Weight Status	• 71% of adults overweight or obese • Related to a number of chronic disease • Preventable • Health inequity • 50% of under 30 population are overweight	• Cooking Matters • Community Gardens • Seed to Supper • OSU SNAP • Nutrition Education • Learning Connection Town Hall • Plan4Health • Farm to School • Healthy Communities Coalition • Pendleton Partnership • CAPECO (Tai Chi, PA/Nut.) • Hospital Wellness/Ed. • Diabetes Prevention Program	• Transportation • Lack of awareness of available programs and services • Lack of knowledge • Poverty • Constraints of Food Services contracting • Policy • Human Capital (Time, $, people) • Marketing working against the healthy choice • Cost • Knowing how to prepare/store healthy foods

HEALTH DISPARITY	PRIMARY CONCERNS	CURRENT EFFORTS	GAPS IN PROGRAMMING
Tobacco/Drug Use	• Tobacco leading preventable cause of death • All contribute to chronic disease • Mask of mental health issues • 25% smoking rate among those with Income < 25K : • 13% of pregnant women • Growing E-cig youth rate • Exposure to second hand smoke • 16% of U.C. adults misuse prescription • Leads to crime for substance money • Alcohol/binge drinking leads to violence • 21% of adults, 43% of drinkers • Slippery slope • 28% <30 use Marijuana in past 6 months.	• Quit Line • Intervention, AA, Support from family/ friends/community • A&D program (county and other providers) • Tobacco Free Properties • Drug Court • Nationwide/State Social media,advertising (OHA, truth) • MJ Youth Prevention (OHA) • School based health center wellness hubs • Good Shepherd tobacco cessation • TPEP at UCo Health • CCO Metric • smoking rate • Policy changes • Chronic pain management strategies and support	• Promoting Quit Line • Referrals from medical providers • Educating people on why they should quit • actual desire for people to quit • Systematic process for medical referrals • Education on proper disposal of prescription drugs • Parental awareness/education • more research/statistics on marijuana • Enforcement harder street drugs (meth, heroin) • Under reporting medical community • Strong policies in city and county government
Mental Health	• Access to services (capacity) • Higher Depression • Parental concerns about childs mental health • Dual Diagnosis how to handle 'WHO' treats them	• Mental Health 1st Aid • Suicide Prevention • SBHC/Mental Health Services (bilingual)	• Lack of a available resources • Review current partnerships and mapping of services/payment • Implement SBIRT • Education and Training on Resiliency • Availability of mental health services • Implement depression screening activities and follow up referrals
Violence/Safety	• Violence Assessment (Child Abuse/ Domestic Violence) • 10% of women forced to have sexual intercourse of which 18% under the age 30 • 6% of adults threaten or abused • 16% of parents concerned with bullying and 4% Violence	• Violence Prevention Advisory Council • VP Plan • Training Trauma Informed Care • Triple P Parenting Education • Grant with Mission Ministry to fund VP Coordination Plan • Master Trainers to Train (ACEs) • Paper Tigers • ACES	• Coordination and Communication • Funding • Available Services
Chronic Disease Prevention Management	• Affects QOL (Family & Community) • Expensive (Family & Community) • Lead to more complications • Diabetes % is higher than state and national statistics • HD (High BP 35% and Hypertension 36%) • Arthritis • Obesity • Diabetes • Cancer • Heart Disease	• Free screening and health fairs (BP, Diabetes finger stick, Blood draws) • Living Well with Chronic Disease Classes • Diabetes, CCO metrics • Tracking for Medicare • Diabetes Classes • Diabetes Prevention • Diabetes support groups	• Services received vs. services needed (finding the right people) • Montivation/activation(track outcome?) vs. education • More Education peer support classes and healthy living • Health promotion for young adults and kids (maternal and childhealth) • Coordination of prevention efforts with agencies and primary care • Better marketing of classes

Revised: January 11, 2017