Healthy Columbia Willamette Collaborative

Progress Report

November 2014

Healthy Columbia Willamette Collaborative

The Healthy Columbia Willamette Collaborative is a large public-private collaborative comprised of 15 hospitals, four local public health departments, and two Coordinated Care Organizations in Clackamas, Multnomah, and Washington counties in Oregon and Clark County, Washington.

It is one of the most complex collaborations in the country convened to conduct a community health needs assessment. It includes four counties in two states; three sectors--hospitals, public health departments, and Medicaid payers; large hospital systems and community hospitals; and urban and rural populations.

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Member Organizations

Adventist Medical Center
Clackamas County Public Health Division
Clark County Public Health
FamilyCare
Health Share of Oregon
Kaiser Sunnyside Hospital
Kaiser Westside Hospital
Legacy Emanuel Medical Center
Legacy Good Samaritan Medical Center
Legacy Meridian Park Medical Center
Legacy Mount Hood Medical Center
Legacy Salmon Creek Medical Center
Multnomah County Health Department
Oregon Health & Science University
PeaceHealth Southwest Medical Center
Providence Milwaukie Hospital
Providence Portland Medical Center
Providence St. Vincent Medical Center
Providence Willamette Falls Medical Center
Tuality Healthcare
Washington County Public Health Division

Healthy Columbia Willamette Collaborative (HCWC)
Progress at a Glance

2010-2011

Local health care and public health leaders began to discuss the upcoming need for several community health assessments and health improvement plans in response to the Affordable Care Act and Public Health Accreditation.

Spring 2012

Hospitals and local public health began a formal collaboration. The group published a "request for proposals" and selected the Multnomah County Health Department as the neutral convener for the first year of the collaboration (June 2012-May 2013).

Spring 2012-Summer 2013

HCWC conducted a regional community health needs assessment that was informed by the following sources across Clark County, Washington, and Clackamas, Multnomah, and Washington counties in Oregon:

- 38,000 participants in community engagement projects conducted since 2009;
- 202 community members participating in 14 community listening sessions;
- 126 interviews and surveys with community health stakeholders; and
- more than 100 population-health indicators in each of the four counties.

Spring 2013

HCWC extended the convener contract with Multnomah County Health Department through May 2015.

Spring 2013

Both Coordinated Care Organizations (CCOs) serving Clackamas, Multnomah, and Washington counties in Oregon joined HCWC.

Summer 2013

The community health needs assessment identified community health issues from data and community engagement findings (alphabetical order):

- Access to health care
- Cancer
- Chronic disease (related to physical activity & healthy eating)
- Culturally-competent services and data collection
- Injury
- Mental health
- Oral health
- Sexual health
- Substance abuse

Summer 2013

HCWC prioritized community health issues (alphabetical order):

- Access to health care
- Chronic disease (related to physical activity and healthy eating)
- Mental health
- Substance abuse – *mental health and substance abuse were later combined into "behavioral health"*

Summer 2013 – Winter 2014	**HCWC drafted community health improvement strategies** after meeting with more than 25 "content experts" about actions it could take to address these health issues. The following community health improvement strategies were drafted: ■ Improve access to affordable health care ■ Promote breastfeeding/breast milk support ■ Promote tobacco cessation ■ Prevent prescription opioid misuse ■ Prevent suicides amongst veterans of the US Armed Forces
Winter 2014 Spring 2014	**HCWC member organizations committed to two community health improvement strategies:** ■ Promote breastfeeding/breast milk support ■ Prevent prescription opioid misuse
Spring 2014	**Community Health Improvement Teams (C-HITs), comprised of content experts, were formed** to develop work plans and evaluation protocols for both community health improvement strategy areas. The work plans will be developed and adopted by executive management from each HCWC member organization by February 2015.
Summer 2014	**HCWC member organizations agreed to collaborate on another community health needs assessment and extended the convener contract** with Multnomah County Health Department through July 2016.
Summer 2014— Fall 2014	**HCWC member organizations committed to providing in-kind resources to work on these strategies, as well as financially contribute** to a HCWC-dedicated epidemiologist position and increased community-engagement activities. All of these commitments extend through July 2016.
Next Steps	**Designated staff and HCWC Leadership Group members from each of the member organizations will ensure that the CHIT work plans are implemented and evaluated through 2016.** **The second community health needs assessment will be completed in July 2016.** This assessment will include the health indicators involved in the first assessment and will be expanded to examine social determinants of health, as well as hospital and CCO data. Community engagement activities will be expanded to include a community survey in addition to community listening sessions and stakeholder interviews.

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Introduction

Purpose of this report

This report describes the Healthy Columbia Willamette Collaborative (HCWC)'s accomplishments. It starts with a brief review of where HCWC was at the time of the previous progress report released in July 2013, followed by a description of the work completed between August 2013 and October 2014.

By July 2013, a rigorous, regional community health needs assessment (CHNA) was completed. This study was designed to inform the CHNA reporting requirements, as well as to inform the community health improvement activities of the participating 15 hospitals, four public health departments, and two Coordinated Care Organizations (CCOs).

Between August 2013 and October 2014, HCWC developed strategy proposals for addressing community health issues that were identified through the CHNA and began to identify ways in which it could contribute to increasing local health assessment capacity.

Review of member organizations' CHNA requirements

Hospitals, public health, and CCOs share similar requirements for conducting CHNA. In an effort to avoid duplication of efforts, and to conduct a comprehensive regional assessment, 15 hospitals, four public health departments, and two CCOs in Clackamas, Multnomah, and Washington counties and Clark County, Washington came together to form the HCWC.

The federal Affordable Care Act (ACA), Section 501(r)(3), requires tax exempt hospital facilities to conduct a CHNA at minimum once every three years, effective for tax years beginning after March 2012. In conducting a CHNA, hospital facilities are required to take into account input from local health departments or other similar agencies with current health data. The data are to be used to inform community health improvement efforts.

Through the Public Health Accreditation Board, public health departments have the opportunity to become accredited by meeting a set of standards that document the department's capacity to deliver the core functions of public health as outlined in the "Ten Essential Public Health Services." As part of the standards, public health departments must complete a community health assessment and a community health improvement plan every five years.

In 2012, Oregon enacted legislation allowing the formation of CCOs. This law requires each CCO to conduct a community health assessment every three years and to establish a community advisory committee that will oversee its community health assessment and community health improvement plan within its jurisdiction. All Oregon-based hospitals and public health departments participating in HCWC are also members of the two CCOs operating in Clackamas, Multnomah, and Washington counties in Oregon.

Review (2012-2013)

Conducting a community health needs assessment

During the first year, HCWC conducted a comprehensive, regional community health needs assessment using a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) Model. MAPP was developed by the National Association of County and City Health Officials (NACCHO). Findings from this assessment were informed by the following sources:

- more than 38,000 participants in community engagement projects conducted since 2009;
- 202 community members participating in 14 community listening sessions across four counties;
- 126 interviews and surveys conducted with community health stakeholders; and
- More than 100 population health indicators reviewed in each of the four counties.

The combined findings from this work identified the following community health issues as the most important ones affecting the four-county region (in alphabetical order):

- Access to affordable health care
- Cancer
- Chronic disease (related to physical activity and healthy eating)
- Culturally-competent services and data collection
- Injury
- Mental health
- Oral health
- Sexual health
- Substance abuse

Complete information describing the design and methodology used in the CHNA is detailed in earlier reports available on the HCWC website.[1]

Addressing health disparities

HCWC member organizations are committed to addressing health disparities and working with communities who are experiencing them. Community and stakeholder phases of the assessment included significant efforts to include input from vulnerable communities. And the epidemiological study of health indicators considered racial/ethnic and/or gender health disparities.

The community health issue entitled "culturally competent services and data collection" did not meet the selection criteria used to identify the health issues HCWC will work together to address. After discussion, HCWC and community stakeholders agreed that "culturally competent services and data collection" needed to be elevated to an operating principle for HCWC work. To this end, a community engagement work group is currently being formed, and this group will work with community stakeholders to apply an equity lens to HCWC's on-going work.

[1] http://www.healthycolumbiawillamette.org/index.php?module=htmlpages&func=display&pid=5005

Prioritizing community health issues

HCWC recognized that nine community health issues would be too many to address in a manner that could show improvement over a relatively short period of time; therefore, HCWC developed selection criteria to further prioritize health issues for HCWC work. In order to be selected, a health issue needed to meet the following criteria:

- Is identified by at least two of the three community engagement activities (i.e., Community Themes & Strengths Assessment, Local Community Health System & Forces of Change Assessment, and community listening sessions);
- Is identified as a health issue (with indicators) through the Health Status Assessment or is an issue for which data are not currently available;
- Is one of the top five most expensive issues in the metropolitan statistical areas in western U.S. or is an issue for which health care expenditure data are not currently available; and
- Has shown to improve as a result of at least one type of evidence-based practice.

The Regional Selection Tool (Figure 1) on the next page illustrates how these criteria were applied to the nine community health issues that had been identified as the most important in the four-county region. See Appendix A for individual county selection tools.

The four community health issues that met the selection criteria for the region include:

- Access to affordable health care
- Chronic disease (related to physical activity and healthy eating)
- Mental health
- Substance abuse

Mental health and substance abuse were combined later in the process to form, "Behavioral health."

Figure 1: Selection Tool: Regional Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
Was the issue identified by community members or population data?									
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[2]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Adult binge drinking: male Yes Adults who smoke Yes Drug-related deaths	Yes Suicide	Yes Adult doing regular physical activity Yes Adult fruit/vegetable consumption Yes Diabetes-related deaths Yes Heart disease deaths	Yes Adults who smoke Yes Breast cancer deaths	Yes Chlamydia incidence	Yes Non-transport accident deaths Yes Unintentional injury deaths	Yes Adult with an usual source of health care Yes Adults with health insurance Yes Mothers receiving early prenatal care	Do not have data
3. Local Community Health System & Forces of Change Assessment[3]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes
4. Community Listening Sessions: Is the issue in the 5 most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No

[2] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

[3] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
Is the issue a driver of health care costs in the region?									
5. Is the issue one of the top 5 most expensive in the metropolitan statistical areas in western U.S.[4]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Diabetes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data
Is the issue something that the Local Community Health System can influence?									
6. Is the issue a priority identified in the National Prevention Strategy[5]?	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Yes Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No
7. In what setting are the evidence-based practices to address this issue?[6] (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Healthcare	Community	Policy Healthcare Community	Research gap
Does this meet selection criteria?	Does not meet community input criterion—needs at least two.	Meets all Criteria	Meets all criteria	Meets all Criteria	Does not meet community input criterion—needs at least two.	Does not meet community input criterion—needs at least two. Does not meet cost criterion	Does not meet community input criterion—needs at least two.	Meets all criteria	Does not meet community input criterion—needs at least two.

[4] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data

[5] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.

[6] Evidence-based practices have been identified by the CDC Community Guide or HCI. They have been categorized into policy, healthcare and community settings.

Progress (2013-2014)

ADDRESSING COMMUNITY HEALTH ISSUES

As Figure 2 illustrates, HCWC's primary objectives for its second year were to 1) address selected community health issues, and 2) increase local assessment capacity. Addressing selected community health issues will be discussed first.

Figure 2: HCWC Year Two Work Flow: Addressing community health issues

Learning how HCWC could address community health issues

In August 2013, HCWC members met with stakeholders[7] from more than 25 organizations working to 1) improve health care access, 2) prevent chronic disease, and 3) address behavioral health issues (mental health and substance abuse). The intent of this meeting was to learn from content experts, who do the work every day, what HCWC could do to support existing work or develop new strategies focusing on these three community health issues. Table 1 lists the participants who either served on a panel discussion or offered input through a detailed survey.

[7] These stakeholders are in addition to the 126 content experts who participated in interviews or surveys in 2013 as part of the needs assessment

Table 1: Content experts contributing to the development of health improvement work

Access to Affordable Health Care	Behavioral Health (mental health & substance abuse)	Chronic Disease
Clackamas County Health Division FamilyCare Free Clinic of Southwest Washington Multnomah County Health Department Neighborhood Health Center (Clackamas and Washington Counties) Oregon Health Authority, Office of Equity and Inclusion Project Access NOW Virginia Garcia Memorial Health Center Wallace Medical Concern	Caremark Behavioral Health Services (Adventist's joint venture with Legacy Health Systems) Cascadia Behavioral Healthcare Clackamas County Behavioral Health Clark County Community Services Health Share of Oregon Lines for Life Multnomah County, Mental Health and Addictions Services National Alliance on Mental Illness Oregon Health Authority, Office of Equity and Inclusion Oregon Health and Science University, Department of Psychiatry and Division of Management Southwest Washington Behavioral Health Southwest Washington Regional Health Alliance Washington County Community Mental Health Program, Behavioral Health & Developmental Disabilities	Clackamas County Public Health Division Clark County Public Health Oregon Health Authority Health Promotion and Chronic Disease Prevention Oregon Health Authority, Office of Equity and Inclusion Oregon Public Health Institute Washington County Public Health

Content experts were asked to share ideas on what could be done to address the three prioritized community health issues, (i.e., access to affordable health care, behavioral health, and chronic disease). Specifically, they were asked the following questions:

1. *What could HCWC do to help address these health issues, (i.e., access to care, behavioral health, and chronic disease)?*
2. *Who is most affected by these health issues?*
3. *Can you suggest evidence-based interventions to address these issues?*
4. *Are there additional health indicators, (e.g., obesity rates, depression rates, etc.) describing these issues that we missed?*

Most of the content experts explicitly stated that they would suggest things that HCWC could do based on its unique composition and the member organizations' scope of influence. Ideas that arose included:

- Continue to support safety net clinics/programs to ensure those who will remain uninsured even under the ACA will still have access to health care.
- Facilitate access to health insurance for those eligible but unable to buy health insurance.
- Support anti-tobacco work as it remains the most preventable cause of illness, and that newer focus on healthy eating and active living fits more under the purview of public and community stakeholders than hospitals and CCOs.
- Promote breastfeeding and the use of breast milk as a primary prevention effort to reduce chronic disease, obesity, poor school performance, and numerous other health concerns. These experts acknowledged that the region has high rates of breastfeeding/use of breast milk amongst the majority of the population; however, there are significant disparities in the rates for African American, Native American, and teenage mothers.
- Increase capacity for mental health care, both through insurance coverage and services available.
- Work with hospital emergency departments, primary care, and local non-profit organizations to address suicide.
- Make sure mental health concerns do not eclipse substance abuse and recovery needs.
- Increase capacity for substance abuse and mental illness treatment and recovery services.

Developing health improvement strategies

After hearing from content experts, the HCWC epidemiologists reviewed the health indicators corresponding to the three health issues to identify the most affected populations, and the convener reviewed the community input on possible strategies. Following this additional review, five proposed community health improvement strategies were developed (Table 2). The five strategies include:

- Improve access to affordable health care
- Promote breastfeeding/breast milk support
- Promote tobacco cessation
- Prevent prescription opioid misuse
- Prevent suicides amongst veterans of the US Armed Forces

All five strategies were proposed in February 2014 to the executive management of each of the HCWC member organizations. In March 2014, the HCWC member organizations unanimously agreed to collaborate on two strategies: 1) promote breastfeeding/breast milk support and 2) prevent the misuse of prescription opioids. All HCWC member organizations have committed to providing in-kind resources to work on these strategies through July 2016.

Table 2. Progression from prioritized health indicators to HCWC health improvement strategies

Community Health Issue	Prioritized Health Indicators[8]	Proposed Health Improvement Strategies	HCWC Strategies Moving Forward
Access to affordable health care	Adults with a usual source of health care Adults with health insurance Mothers receiving early prenatal care	Improve access to affordable health care by participating in the premium assistance program →	No. Refer to next section
Chronic disease (Related to physical activity and healthy eating)	Adults doing regular physical activity Adult fruit/vegetable consumption Diabetes-related deaths Heart disease deaths	Promote breastfeeding / breast milk support →	**YES**
		Promote tobacco cessation →	No. Refer to next section
Behavioral health (Includes mental health and substance abuse)	Suicide Adult binge drinking (males) Adult smoking Drug-related deaths	Prevent suicides amongst veterans of the US Armed Forces →	No. Refer to next section
		Prevent the misuse of prescription opioids →	**YES**

An overview is provided below highlighting activities that HCWC member organizations are currently doing around the community health improvement strategies that were not selected for HCWC work at this time. The two strategies that HCWC member organizations are working on together will be discussed later in this report.

- Access to affordable health care
  - All HCWC hospital members in Oregon are providing financial support to Project Access NOW's Premium Assistance Program pilot. This program is for people who are unable to afford private insurance offered under the Affordable Care Act. Participants in this program are living at 139-200% of the Federal Poverty Level, which previously qualified them for 100% discounted services with hospital systems and other health care providers in our community. As of January 1, 2014, this same population is required to pay premiums, deductibles, co-insurance, and prescription costs, placing private insurance out of reach for many people. As of October 17, 2014, 151 people have been signed up for assistance.[9]

[8] Health indicators were identified through the Health Status Assessment phase of the CHNA
[9] Project Access NOW provided this information.

- More than 90% of HCWC member organizations are financially supporting safety-net clinics serving high-risk populations including those who do not have commercial health insurance and are not eligible to enroll in State and National insurance expansion programs.
- Almost 70% of HCWC member organizations have employed or financially contributed to the hiring of staff responsible for assisting community members from high-risk populations to enroll in State and National insurance expansion programs.
- Almost half of the HCWC member organizations are expanding direct-care capacity by introducing or increasing free or reduced-cost programs, expanding their service areas, or increasing the number of providers accepting Medicaid or similar insurance.
- Additional activities some of the HCWC member organizations are involved with include: coordinating utilization of primary care homes and access to specialty care; supporting clinical quality improvement steps for people living with chronic disease; expanding dental services; providing staff to work with patients at safety net clinics; and contracting with community-based organizations to work with homeless patients transitioning from acute hospital care so that they have a safe and healthy place to recover.

- Suicide prevention
  - Almost half of HCWC member organizations are partnering with stakeholders or financially contributing to lobbying legislators about the need to increase funding for mental health public education, health screening, and treatment.
  - Almost 25% of HCWC member organizations are partnering with stakeholders or financially contributing to lobbying legislators about the need to increase funding for mental health crisis services.
  - Additional activities some HCWC member organizations are working on include: increasing mental health services to inpatients and outpatients; providing community education on mental health; working on youth suicide prevention; and expanding relevant work to veterans of the US Armed Forces.

- Tobacco cessation
  - More than 75% of HCWC member organizations are employing or financially contributing to the use of community health workers, parish nurses, or social workers to work directly with high-risk populations around tobacco prevention and cessation.
  - More than half of HCWC member organizations actively provide public, provider, *and* patient education on tobacco.

Developing HCWC community health improvement teams

In June 2014, two meetings were held with more than 35 content experts from HCWC member organizations and community representatives. The primary objective of these meetings was to generate ideas on how to reduce the misuse of prescription opioids and increase the number of women who are able to breastfeed/give their infant breast milk. Volunteers from these meetings agreed to be part of the two Community Health Improvement Teams (C-HITs) formed to develop, implement, and evaluate strategies for addressing the misuse of prescription opioids and promoting breastfeeding/breast milk.

Preventing the misuse of prescription opioids

Clinicians prescribe opioids to treat pain and alleviate suffering. This commendable intention needs to be balanced by the known hazards of these drugs—both to the intended recipients and the broader community—when too many are dispensed. While some patients can be effectively treated with opioids, others may be unintentionally harmed through inappropriate prescribing, by overdose, or through development of dependence and addiction.

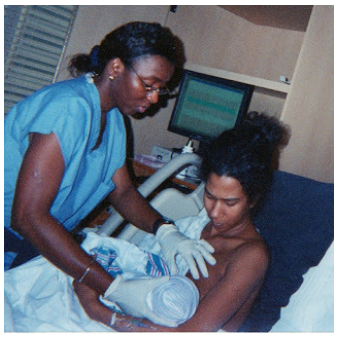
The Centers for Disease Control and Prevention (CDC) characterizes prescription drug overdoses as an epidemic. Drug poisoning deaths have become a leading cause of injury death in the United States. A substantial proportion of this increase is attributable to the dramatic rise in unintentional overdoses involving prescription opioids. In 2008, Oregon's and Washington's prescription opioid overdose death rates were substantially higher than the national rate. "Drug-related deaths" is a prioritized health indicator within the HCWC region.

To date, the Opioid Misuse Prevention C-HIT, comprised of medical directors, pharmacists, pain specialists, and public health officials, is developing the application and evaluation of three strategies that can be implemented by 2016:

- Adoption by HCWC member organizations of an opioid prescribing community standard for chronic, non-cancer related pain;
- Implementation by HCWC member organizations of opioid-prescribing monitoring practices; and
- Development and implementation of provider and patient education about chronic pain and prescription opioids.

The intent is to reduce the rate of opioid-related deaths in the HCWC region. It is anticipated that overall declines in opioid-related death rates will take years to realize; however, the C-HIT will evaluate whether strategies are implemented as planned by 2016.

Promoting breastfeeding/breast milk



Breastfeeding and breast milk are recognized as a primary chronic disease prevention strategy, improving health outcomes for both mother and child. Breastfeeding/breast milk have been associated with better health outcomes for infants, including reduced risk of pediatric overweight and obesity, diabetes, and high cholesterol. Experience with breastfeeding in the first hours and days of life are significantly associated with an infant's later feeding habits. The American Academy of Pediatrics, the World Health Organization, the Agency for Healthcare Research and Quality, and many other health authorities recommend exclusive breastfeeding/breast milk for six months and continued breastfeeding/use of breast milk up to two years of age with appropriate complementary foods.

In the HCWC region, breastfeeding/breast milk initiation rates are higher in the general population when compared to the national average; however, disparities based on income, education, race/ethnicity, Medicaid status, and age exist in Oregon and Washington. Rates of breastfeeding/ breast milk were not studied in HCWC's initial assessment; however, given that disparities exist for several communities, the strong evidence of preventive qualities, and the scope of work for HCWC member organizations, HCWC chose to collaborate on the promotion of breastfeeding/ breast milk as a primary prevention tool for chronic disease.

To date, the Breastfeeding/Breast Milk Promotion C-HIT, comprised of hospital maternal care managers, healthy workplace/wellness staff, lactation consultants, and community advocates, is exploring three strategies that HCWC organizations can implement by 2016:

- Improvement of hospital-based maternity care practices that affect vulnerable populations most at risk for barriers to breastfeeding/ breast milk;
- Development and adoption by HCWC member organizations of a comprehensive workplace policy supporting breastfeeding/expression of breast milk to be aligned with federal and state law; and
- Support of an optimal breastfeeding support benefit and an agreement on a standard benefits package, which may include breast pumps and lactation specialist consultation.

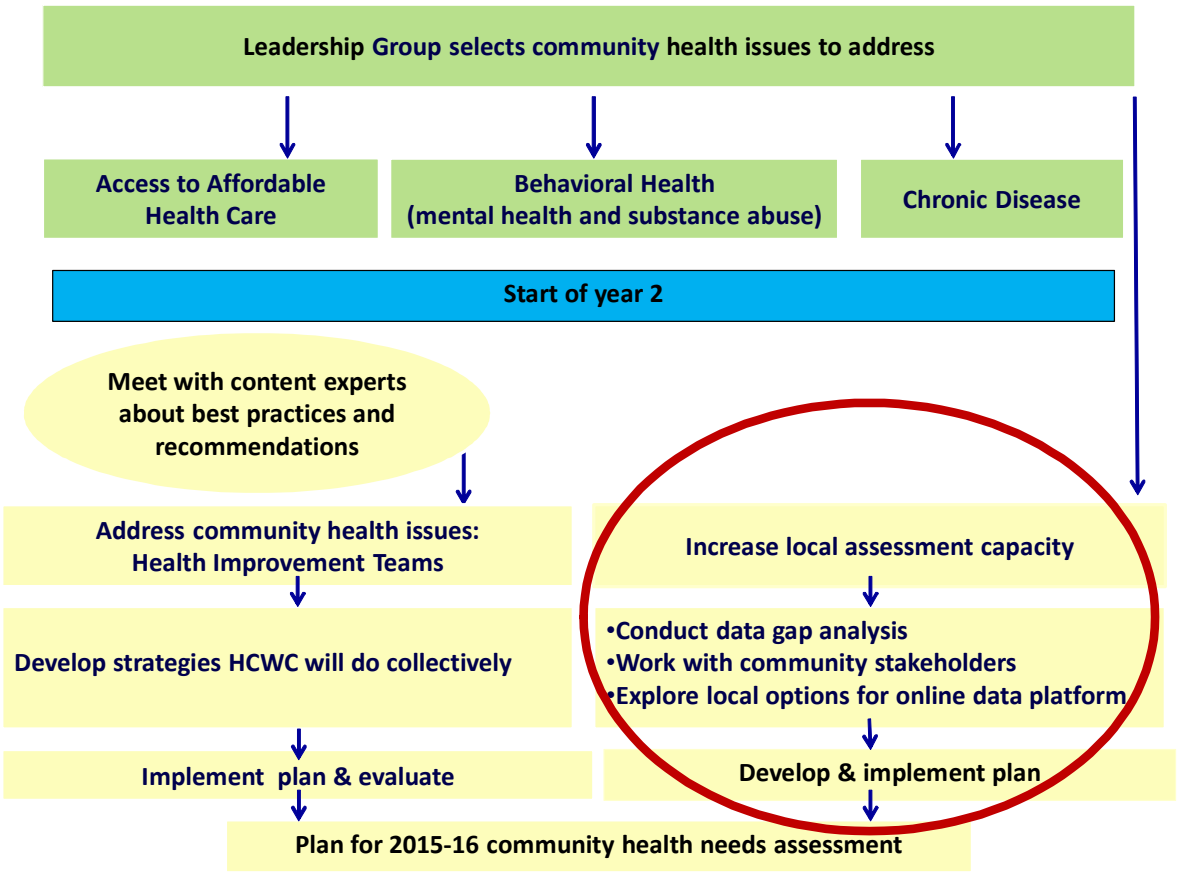
The intent, once the strategies are fully developed, is to increase initiation, duration, and exclusivity rates of breastfeeding/use of breast milk within the region. Efforts will be made to reduce barriers to breastfeeding/use of breast milk—especially those facing populations with racial/ethnic and age disparities. It is anticipated that overall improvement in initiation, duration, and exclusivity rates will take years to realize; however, the C-HIT will evaluate whether strategies are implemented as planned by 2016.

INCREASING LOCAL ASSESSMENT CAPACITY

In addition to developing a plan to implement community health improvement strategies, HCWC's primary objectives for year two included increasing local assessment capacity (Figure 3).

In internal evaluations, the contribution of the public health epidemiologists has been recognized as an important factor in HCWC's success. In order to support this expertise, HCWC member organizations have agreed to financially support a HCWC-dedicated epidemiologist for 14 months through the completion of the second HCWC CHNA in July 2016. This new position will reside in the Washington County Public Health Division starting in the spring of 2015.

Figure 3: HCWC Year Two Work Flow: Increasing local assessment capacity



The need for another local epidemiologist to conduct assessment work stemmed from the group's recognition that the four epidemiologists, one from each of the health departments, could not continue the same level of time commitment. The existing epidemiologists will still be involved at a reduced level. Their responsibilities will now include the following: hiring and training the new epidemiologist position; incorporating additional health and social determinants indicators into the assessment framework; modifying the prioritization tool to accommodate new indicators; providing technical assistance for the assessment work and C-HIT evaluations; and writing reports.

In addition, HCWC member organizations have committed in-kind resources to identify and use CCO and hospital data to further assess health needs. Although these data cannot be generalized to the larger community; they can help describe health issues with the level of detail needed to develop targeted interventions. They will be blended with the population data and community input to provide information that will inform interventions across the continuum of prevention.

Work is underway to convene a community-engagement work group, comprised of community members, equity experts, and HCWC members. This work group will be asked to guide data-collection tools, outreach efforts, and the application of an equity lens so that community input will play a larger role in this next assessment. All HCWC member organizations are committed to this work and have agreed to contribute in-kind and financial resources to increase community engagement.

Appendix A

Selection tools for Clackamas, Multnomah, and Washington counties in Oregon, and Clark County Washington

Selection Tool: Clackamas County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
Was the issue identified by community members or population data?									
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[10]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	Yes
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Adults who binge drink: (males) Yes Chronic liver disease deaths Yes Drug-related deaths	Yes Suicide	Yes Adults doing regular physical activity Yes Adult fruit/ vegetable consumption Yes Adults who are obese Yes Adults who are overweight Yes Heart disease deaths	Yes Breast cancer deaths Yes Ovarian cancer deaths Yes Prostate cancer deaths	Yes Chlamydia incidence	Yes Non-transport accident deaths	Yes Children with health insurance	Do not have data
3. Local Community Health System & Forces of Change Assessment[11]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes

[10] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

[11] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services
4. Community Listening Sessions: Is the issue in the 5 most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No
Is the issue a driver of health care costs in the region?									
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.[12]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data
Is the issue something that the Local Community Health System can influence?									
6. Is the issue a priority identified in the National Prevention Strategy?[13]	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No
7. In what setting are the evidence-based practices to address this issue?[14] (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Healthcare	Policy Community	Policy Healthcare Community	Research gap

[12] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data

[13] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.

[14] Evidence-based practices have been identified by the CDC Community Guide or HCI. They have been categorized into policy, healthcare and community settings.

Selection Tool: Clark County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/ services	Immunization	Aging-related issues
Was the issue identified by community members or population data?											
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[15]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	No	No	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data ional	Yes Adults who smoke Yes Teens who smoke Yes Alcohol-related deaths Yes Drug-related deaths	No	Yes Adults doing regular physical activity Yes Adult fruit/vegetable consumption Yes Diabetes-related deaths	Yes Adults who smoke Yes Teens who smoke Yes Colorectal cancer deaths Yes Lung cancer deaths Yes Lymphoid cancer deaths	Yes Pap test history	Yes Motor vehicle collision deaths Yes Non-transport accident deaths Yes Transport accident deaths Yes Unintentional injury deaths	Yes Adult with an usual source of health care Yes Adults with health insurance Yes Mothers receiving early prenatal care	Do not have data	Yes Influenza vaccination rate	Yes Alzheimer's disease deaths Yes Unintentional injury deaths
3. Local Community Health System & Forces of Change Assessment[16]: Is the issue one of the most frequently identified? (community input)	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	No

[15] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

[16] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/ services	Immunization	Aging-related issues
4. Community Listening Sessions: Is the issue in the 5 most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No	No
Is the issue a driver of health care costs in the region?											
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Diabetes	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data	No	Yes Includes all trauma related disorders (if falls are included)
Is the issue something that the Local Community Health System can influence?											
6. Is the issue a priority identified in the National Prevention Strategy	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Yes Healthy eating	No	Yes Reproduc-tive and sexual health	Yes Injury and violence free living	No	No	No	Yes Injury and violence free living (if falls are included)
7. In what setting are the evidence-based practices to address this issue? (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Health-care	Policy Community	Policy Healthcare Community	Research gap	Policy Healthcare Community	Policy Healthcare Community

Selection Tool: Multnomah County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/ services
Was the issue identified by community members or population data?									
1. Community Themes & Strengths Assessment: Is the issue one of the 10 most frequently mentioned[17]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Yes Access to healthy food	Yes Included in chronic disease	No	No	Yes	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Adults who binge drink: female Yes Adults who binge drink: male Yes Adults who smoke Yes Alcohol-related deaths Yes Chronic liver disease deaths Yes Drug-related deaths Yes Tobacco-linked deaths	Yes Suicide	Yes Adults doing regular physical activity Yes Adult fruit/ vegetable consumption Yes Diabetes-related deaths Yes Heart disease deaths	Yes Adults who smoke Yes All cancer incidence Yes Breast cancer incidence Yes All cancer deaths Yes Breast cancer deaths Yes Tobacco-linked deaths	Yes Chlamydia incidence Yes Early syphilis incidence Yes HIV incidence	Yes Non-transport accident deaths Yes Unintentional injury deaths	Yes Adults with health insurance Yes Adults with a usual source of health care Yes Mothers receiving early prenatal care	Do not have data

[17] Of the 10 most frequently mentioned issues, only those that are health outcomes and health behaviors were considered. Social determinants of health, (e.g., poverty) were not included in this assessment because they are outside the reach of the Local Community Health System.

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	l Health	Injury	Access to affordable health care	Culturally-competent data/ services
3. Local Community Health System & Forces of Change Assessment[18]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes
4. Community Listening Sessions: Is the issue in the five most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No
Is the issue a driver of health care costs in the region?									
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.[19]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Diabetes Yes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data
Is the issue something that the Local Community Health System can influence?									
6. Is the issue a priority identified in the National Prevention Strategy?[20]	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No
7. In what setting are the evidence-based practices to address this issue?[21] (Prevention Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Healthcare	Policy Community	Policy Healthcare Community	Research gap

[18] Results are from Interviews (N=69) and surveys (N=57) unless otherwise noted. Issues identified by at least 30% of surveys/interviews combined were included.
[19] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data
[20] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.
[21] Evidence-based practices have been identified by the Prevention Guide or HCI. They have been categorized into policy, healthcare and community settings.

Selection Tool: Washington County Community Health Issues

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services	Parkinson's disease
Was the issue identified by community members or population data?										
1. Community Themes & Strengths Assessment: Is the issue one of the 10* most frequently mentioned[1]? (community input)	No	Yes Combined with mental health	Yes Combined with substance abuse	Yes Includes cancer Access to healthy food	Yes Included in chronic disease	No	No	Yes	No	No
2. Health Status Assessment: Is the issue identified as one of the prioritized health issues? (population data)	Do not have data	Yes Chronic liver disease deaths	Yes Suicide	Yes Adults doing regular physical activity Yes Adult fruit/ vegetable consumption Yes Adults who are obese Yes Heart disease deaths	Yes All cancer incidence Yes Breast cancer incidence Yes Ovarian cancer deaths	Yes Chlamydia incidence	Yes Non-transport accident deaths Yes Unintentional injury deaths	Yes Adults with health insurance Yes Children with health insurance	Do not have data	Yes Non-transport accident deaths Yes Parkinson's disease deaths
3. Local Community Health System & Forces of Change Assessment[1]: Is the issue one of the most frequently identified? (community input)	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No
4. Community Listening Sessions: Is the issue in the five most frequently identified health issues? (community input)	Yes	Yes	Yes	Yes	No	No	No	Yes	No	No

	Oral Health	Substance Abuse	Mental Health	Chronic Disease: nutrition, physical activity	Chronic Disease: cancer	Sexual Health	Injury	Access to affordable health care	Culturally-competent data/services	Parkinson's disease
Is the issue a driver of health care costs in the region?										
5. Is the issue one of the top five most expensive in the metropolitan statistical areas in western U.S.[22]?	Do not have data	Yes Combined with mental health	Yes Combined with substance abuse	Yes Heart Disease	Yes Cancer	No	Yes Includes all trauma related disorders	Do not have data	Do not have data	No
Is the issue something that the Local Community Health System can influence?										
6. Is the issue a priority identified in the National Prevention Strategy[23]	No	Yes Preventing drug abuse and excessive alcohol use Yes Tobacco free living	Yes Mental and emotional well-being	Yes Active living Yes Healthy eating	No	Yes Reproductive and sexual health	Yes Injury and violence free living	No	No	No
7. In what setting are the evidence-based practices to address this issue?[24] (Community Guide/HCI)	Community	Policy Healthcare Community	Healthcare Community	Policy Healthcare Community	Policy Healthcare	Policy Healthcare	Policy Community	Policy Healthcare Community	Research gap	C

[22] Medical Expenditure Panel Survey, Household Component , Agency for Healthcare Research and Quality, 2010 data

[23] The Affordable Care Act created the National Prevention Council and called for the development of the National Prevention Strategy to realize the health and economic benefits of prevention for all Americans. Seven priority health issues are identified, along with evidence-based strategies across multiple sectors that are likely to improve health.

[24] Evidence-based practices have been identified by the CDC Community Guide or HCI. They have been categorized into policy, healthcare and community settings.

Appendix B

HCWC: Media Coverage and Notable Presentations

Media Coverage and Notable Presentations

Publications

Hayes, E. (7/15/2013). *Major hospitals, insurers team to gauge Portlanders' health.* Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/how-healthy-art-my-community-health.html

Hayes, E. (7/19/2013). *Vital stats: How fat are Portlanders? Here's the skinny.* Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/vital-stats-how-fat-are-portlanders.html

Hayes, E. (7/26/2013). *Vital stats: Too much fast food and liquor in Portland*. Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/07/vital-stats-does-portland-have-too.html

Hayes, E. (8/5/2013). *Vital stats: How much do Portlanders binge drink and smoke.* Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/08/vital-stats-how-much-do-portlanders.html

Hayes, E. (8/12/2013). *Vital stats: Do Portlanders brush off their dental checkups? Hard to say*. Healthcare Inc. Northwest: Portland Business Journal. http://www.bizjournals.com/portland/blog/health-care-inc/2013/08/vital-stats-do-portlanders-brush-off.html

Korn, P. (6/14/2012). *Hospitals tool up for changes to health care charity work.* The Portland Tribune. http://portlandtribune.com/pt/9-news/111045-hospitals-tool-up-for-changes-to-health-care-charity-work

NACCHO Field Summary. (2013). *Multnomah County Health Department story from the field summary: what does the future hold for community health assessment?* http://www.naccho.org/topics/infrastructure/healthy-people/multnomah-summary.cfm

Public Health Newswire (3/22/2013). *A vision for implementing health reform in Oregon.* http://www.publichealthnewswire.org/?p=6946

Presentations

Burdon, R.; Lee, S.; Lewis, P.; & Lewis. P. (10/15/2013). *Healthy Columbia Willamette: assessing community needs, improving health.* Oregon Public Health Association Annual Meeting. Corvallis, Oregon

Crane, M. & Lee, S. (5/1/2014). *Healthy Columbia Willamette Collaborative.* Oregon Health Authority Grand Rounds. Portland, Oregon

Klein, R. (4/2/2013). *Public health influence in health reform implementation.* National Association of Local Boards of Health. Salt Lake City, Utah

Payne, M. & Lee, S. (11/4/2013). *Role of quantitative data in selecting regional health priorities in a federally-required CHNA.* American Public Health Association Annual Meeting. Boston, Massachusetts

Payne, M. (10/14/2013). *Fourteen hospitals, four local health departments, two states: one community health needs assessment.* Washington State Joint Conference on Health. Wenatchee, Washington

Payne, M. (1/15/2014). *Healthy Columbia Willamette – A regional community health needs assessment collaborative*. Washington State Department of Health Epi Brown Bag. Olympia, Washington.

Repp, K. (9/19/14 & 9/20/14) *Community health needs assessment methodology*. Pacific University Managerial Epidemiology course (MHA 525) for Masters of Healthcare Administration students. Hillsboro, Oregon

Repp, K. & Payne, M. (7/9/2014). *Prioritizing community health needs: novel epidemiological methods used in the largest public/private collaboration for a community health needs assessment in the PNW.* National Association of City and County Health Officials Annual Meeting. Atlanta, Georgia

Sorvari, C.; Crane, M.; Payne, M.; & Repp, K. (7/9/2014). *Joining forces to improve community health: Fifteen hospitals, four local public health departments, and two Accountable Care Organizations partnering to meet federal and state community health needs assessment and community health improvement plan requirements.* National Association of City and County Health Officials Annual Meeting. Atlanta, Georgia

Sorvari, C. (11/5/2013). *Joining forces to improve community health: Fourteen hospitals and four local public health departments partnering to meet federal community health needs assessment requirements.* American Public Health Association Annual Meeting. Boston, Massachusetts