

Marion-Polk County Health Care System Capacity and Access Assessment

HEALTH CARE SYSTEM CAPACITY AND ACCESS ASSESSMENT

POLK COUNTY, MARION COUNTY, WILLAMETTE VALLEY COMMUNITY HEALTH



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Executive Summary

Introduction: Willamette Valley Community Health (WVCH) is the Coordinated Care Organization for Marion and Polk Counties. Through this portion of the assessment, the Community Advisory Council (CAC) for WVCH attempts to describe the capacity of the health care system of Marion and Polk Counties, identify barriers to health care, and identify populations who may experience barriers to health care services. The assessment looks at the continuum of services for all populations located in the two counties, and where possible, provides data specific to the population served by Willamette Valley Community Health (WVCH). This information is an update to the 2013 Marion-Polk County Health Care System Capacity and Access Assessment. It has been adapted to be integrated into the Marion-Polk Community Health Assessment as a single portion of the Assessment. It is also known that assessment is an on-going process and this report may identify other areas for future assessment.

Framework: Marion and Polk County Health Departments and WVP Health Authority staff provided leadership to the design and implementation of the assessment, using Mobilization for Action through Planning and Partnerships (MAPP)¹ and the Public Health Accreditation Standards Version 1.5² as a framework. The original Access Assessment was published in 2013. Many of the updates from the 2013 Access Assessment to the 2016 version were done with the help of the AmeriCorps VISTA Geoffrey Carpenter.

WVCH Incentive measures: Previously categorized as “Clinical Preventive Services” in the 2013 Assessment. The Oregon Health Authority (OHA) is using quality health metrics to show how well Coordinated Care Organizations (CCOs) are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care. To provide status updates on the state’s progress towards these goals, the Oregon Health Authority is publishing semi-annual reports showing quality and access data, financial data, and progress toward reaching benchmarks. The report can be found at the following link:

<http://www.oregon.gov/oha/Metrics/Pages/index.aspx>

Community Input: The community provided input to the process primarily through the members of the Community Advisory Council (CAC). The CAC membership is made of at least 50% consumer members. Consumer members are either members of WVCH or family members of people who are members of WVCH. The composition of the CAC are intend to reflect the racial, ethnic, gender and geographic diversity of both Oregon Health Plan recipients and the general populations of the two counties to the best of their ability. The Community Advisory Council reviewed and discussed data reports prepared by the Council Assessment Workgroup, on May 9th and June 13th, 2013.

Priority Areas: In 2013 the Community Advisory Council selected four Priority Areas for WVCH to focus its efforts: Obesity, Tobacco, Early Access to Prenatal Care, and Depression. In 2015 the CAC recommended to add Housing as a 5th Priority Area for WVCH moving forward in 2016.

Next steps: This document will be used in conjunction with other health assessment documents in order to improve health care access.

Other comments: The full report lists data identified for future investigation, during the Councils data review. The 2016 “Marion-Polk County Health Care System Capacity and Access Assessment” is a living document and will be amended with new or updated information periodically, but at least every five years.

For more information contact:

¹ National Association of County & City Health Officials. (2016). *Mobilizing for Action through Panning and Partnerships*. Retrieved from: <http://www.naccho.org/programs/public-health-infrastructure/mapp>

²Public Health Accreditation Board. (December 2013). *Standards & Measures: Version 1.5*) Retrieved from: <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>



Marion County Health Department:	http://www.co.marion.or.us/HLT/PH	(503) 588-5357
Polk County Health Department:	http://www.co.polk.or.us/ph	(503) 623-8175
Willamette Valley Providers:	http://www.wvphealthauthority.org/	(503) 371-7701



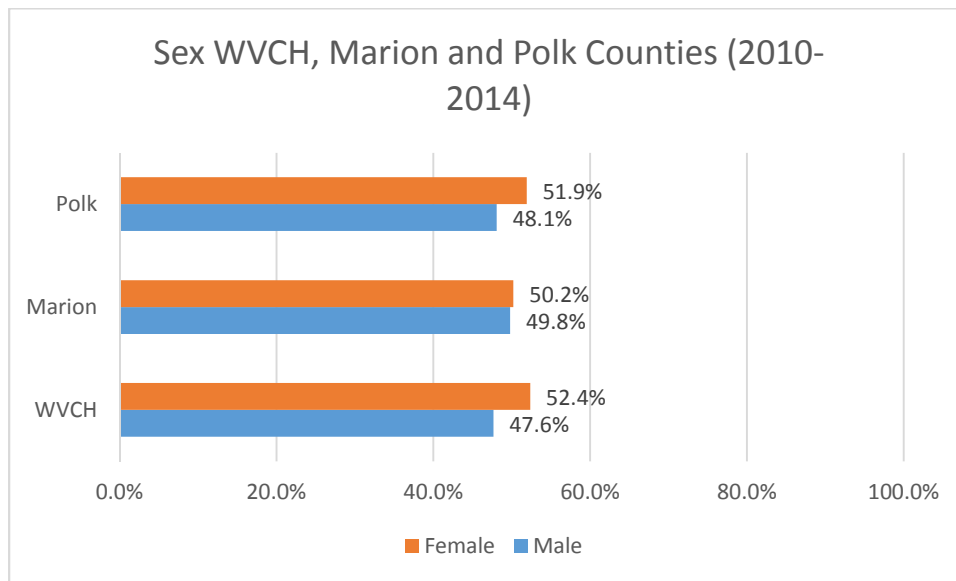
Demographics

Introduction: Willamette Valley Community Health, the Coordinated Care Organization serving Marion and Polk Counties comprises a unique population with different demographics than the general population of either county. For example WVCH serves more women than men to account for pregnancy and child-bearing and more children are covered under the Oregon Health Plan.

Total Population: The following table shows the different populations of the CCO and Oregon as a whole. A majority of the members of WVCH reside in Marion County.³

Entity	Total Population	Marion	Polk
WVCH	106,292	88,299	16,525
Oregon	3,900,343	320,448	76,464

Sex: The following chart compares the percentages of males or females in Polk County, Marion County, and Willamette Valley community.⁴



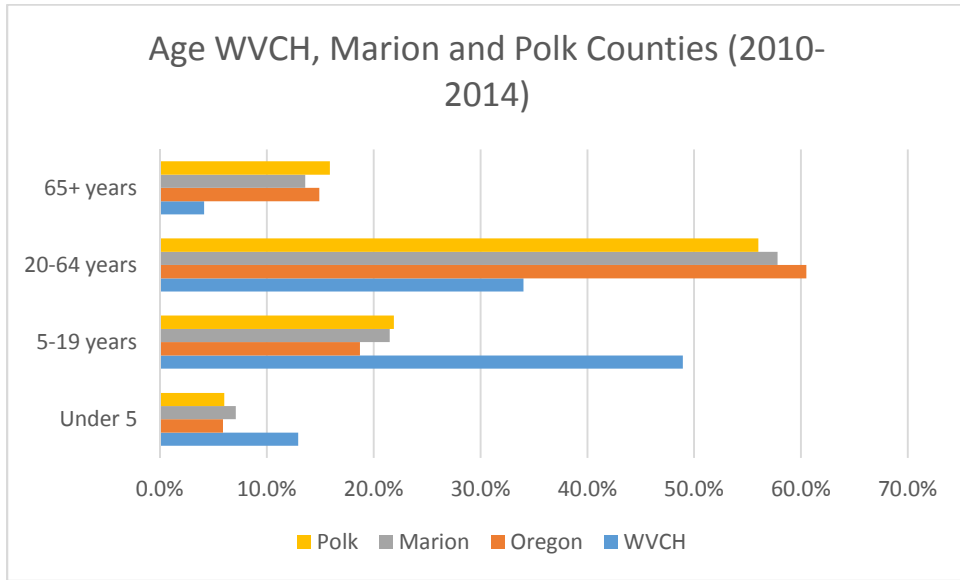
Age Distribution: The chart below shows the distribution of age for Polk County, Marion County, Oregon, and WVCH. The data for the first three was taken from the U.S. Census Bureau and the data for the CCO was taken from the Oregon Health Authority. There two data sources collect age demographics using different groups. The categories were unable to be combined.⁵

³ U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates; Oregon Health Plan: Coordinated Care, Managed Care and Fee for Service Enrollment for March 15, 2016

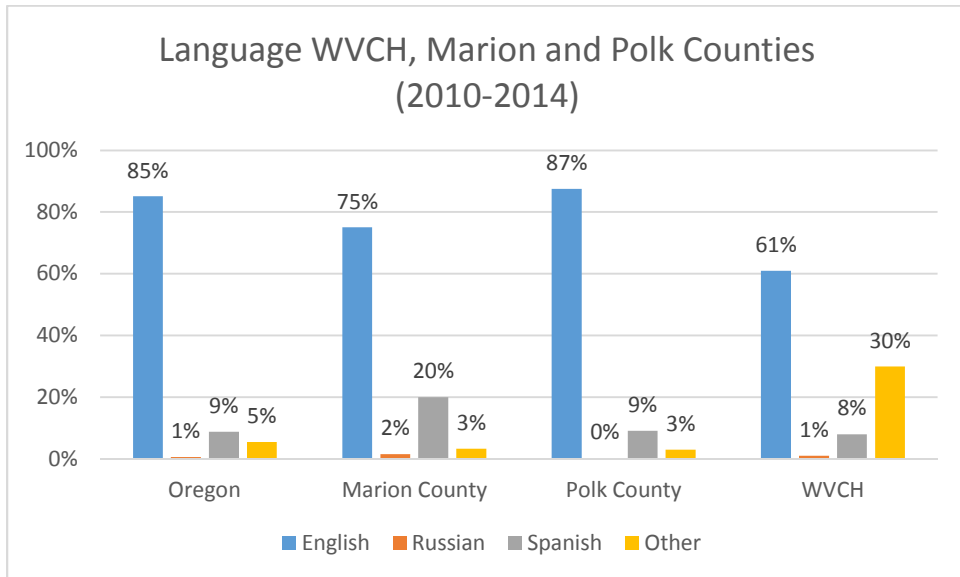
⁴ U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates; CCO/FCHP/PCO by Race/Ethnicity, Age Group and Gender for January 2016, Oregon Health Authority, Office of Health Analytics

⁵ OHA January 2016; U.S. Census Bureau, 2010-2014 American Community Survey 5 Year Estimates





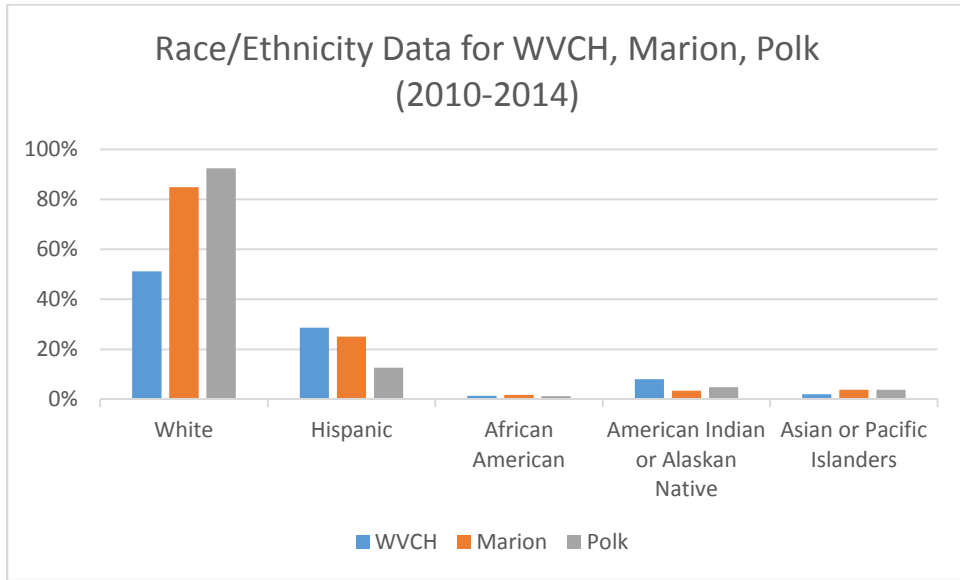
Language: WVCH has the highest portion of non-English speakers compared to the State, Marion County, and Polk County.⁶



Race and Ethnicity:⁷

⁶ U.S. Census Bureau, 2010-2014 American Community Survey 5 Year Estimates





⁷ U.S. Census Bureau, 2010-2014 American Community Survey 5 Year Estimates; OHA January 2016



ACA Timeline

The previous version of the Access Assessment was published in 2013, during the continued expansion of the Affordable Care Act. The last assessment was during major expansions of Medicaid. It was unclear how the Medicaid expansion would affect many of the services provided. There is a page designated to resources that assess the impact of these reforms on their specific programs:

<http://www.oregon.gov/oha/OHPR/pages/fed/index.aspx>

Federal Health Reform Implementation - Year by Year Timeline ⁸	
2013	<ul style="list-style-type: none"> States will be eligible for an additional 23 percentage-point increase in the Children's Health Insurance Program (CHIP) matching funds. Medicare payroll tax increase goes into effect for individuals earning over \$200,000 and couples earning over \$250,000. A new tax goes into effect on unearned income, such as dividends and interest, over a certain amount.
2014	<ul style="list-style-type: none"> The personal responsibility component of the law goes into affect, requiring all individuals have health insurance or pay a penalty. Individuals up earning up to 400% of the federal poverty line will receive a sliding-scale subsidy that will cap premiums and out-of-pocket expenses. Individuals up to 400% federal poverty line will receive a tax credit to assist in paying health insurance premiums. Employers with more than 50 employees must offer health insurance or pay a fee if any of their employees receives a premium tax credit to purchase health insurance. Insurers: <ul style="list-style-type: none"> Must accept all applicants. Insurers cannot coverage for preexisting conditions and there will be no annual limit on benefits received. Are prohibited from using any factor in setting health insurance premiums other than limited use of age, family size, geography, and tobacco use. Must provide a basic set of minimum benefits to all individuals free of out-of-pocket cost. A health insurance exchange will be launched in each state by January 1, 2014, available to individuals and small businesses. Medicaid will be expanded to cover all citizens under age 65, up to 133% of the federal poverty line. States will disregard 5% of income in determining eligibility, effectively expanding Medicaid to 138% FPL. The expansion will be fully funded by the federal government between 2014 and 2016. The small business subsidy for employers that provide insurance is increased up to 50% of cost. States may be allowed to establish a state-negotiated health insurance plan offered outside the insurance exchanges for non-Medicaid eligible individuals between 133% - 200% FPL.
2015	<ul style="list-style-type: none"> Health insurance exchanges must be self-sustaining and can charge an assessment or fee for use. A tax credit will be available for children to obtain insurance through an exchange.
2016-18	<ul style="list-style-type: none"> 2016: Insurance can be offered across state lines if the states agree. 2017: States begin to pay a share of the Medicaid expansion. 2017: States may allow large companies with more than 100 employees to participate in exchanges. 2018: An excise tax goes into effect on insurers for high-cost health insurance plans.

⁸ Oregon Health Authority, Federal Health Reform Implementation – Year by Year Timeline. Retrieved from: <http://www.oregon.gov/oha/docs/fed-health-reform-implement.pdf>



Access to Care

Shortage Area Maps

OREGON PRIMARY CARE HPSAS



OREGON MEDICALLY UNDERSERVED AREAS/POPULATIONS (MUA/MUP)



OREGON MENTAL HPSAS



OREGON DENTAL HPSAS



Health Care Providers Table^{9,10}

Data was collected from 2011 and 2014. When there is a **decrease in the number of providers** practicing in an area since 2011, then the percent change is **highlighted in red**. If there are **more people for every one physician** since 2011, then the **percent change is represented in red**. Ideally the number would go down. That would mean there is a smaller population every primary physician has to cover.

⁹ OHA Office of Health Policy and Research. (March 2011). *Oregon Health Professions: Occupational and County Profiles*.

¹⁰ OHA Office of Health Policy and Research. (August 2015). *2014 Oregon Health Profession Profiles*.



Marion County

Professions	Providers practicing in Marion County 2014	% Change from 2011	Marion County number of people per one provider 2014	% Change from 2011
Dentistry				
Dentists	218	-3%	1,481	4%
Dental Hygienists	158	-12%	2,044	16%
Dietetics				
Dietitians	42	31%	7,688	-15%
Medicine				
Physicians (MD/DO)	742	5%	435	-4%
<i>Primary Care Physicians</i>	289	2%	1,117	0%
<i>Emergency Room</i>				
<i>Physicians</i>	49	11%	6,589	-9%
<i>General Surgeons</i>	28	-13%	11,531	16%
<i>Obstetricians and/or</i>				
<i>Gynecologists</i>	31	3%	5,241	1%
<i>Psychiatrists</i>	66	12%	4,892	-9%
Podiatrists	8		40,360	
Physician Assistants	88	40%	3,669	-27%
Nursing				
Registered Nurses	3,552	34%	91	-24%
Nurse Practitioners	172	74%	1,877	-42%
Certified Registered Nurse				
Anesthetists	21	40%	15,375	-28%
Clinical Nurse Specialists	12	300%	26,907	-75%
Licensed Practical Nurses	444	40%	727	-27%
Certified Nursing				
Assistants	2,164	13%	149	-10%
Occupational Therapy				
Occupational Therapists	90	6%	3,588	-4%
Occupational Therapy				
Assistants	19	58%	16,994	-36%
Pharmacy				
Pharmacists	196	34%	1,647	-24%
Certified Pharmacy				
Technicians	341	1%	947	0%
Physical Therapy				
Physical Therapists	186	18%	1,736	-14%
Physical Therapist				
Assistants	57	14%	5,665	-11%

Polk County

Professions	Providers practicing in Polk County 2014	% Change from 2011	Polk County number of people per one provider 2014	% Change from 2011
Dentistry				
Dentists	23	53%	3,351	-27%
Dental Hygienists	22	47%	3,503	-24%
Dietetics				
Dietitians	1	0%	77,065	12%
Medicine				
Physicians (MD/DO)	71	8%	1,085	4%
<i>Primary Care Physicians</i>	47	7%	1,640	5%
<i>Emergency Room</i>				
<i>Physicians</i>	4	-33%	19,266	68%
<i>General Surgeons</i>	1	-50%	77,065	124%
<i>Obstetricians and/or</i>				
<i>Gynecologists</i>	2	-50%	19,803	123%
<i>Psychiatrists</i>	2	0%	38,533	12%
Podiatrists	2		38,533	
Physician Assistants	14	-7%	5,505	20%
Nursing				
Registered Nurses	229	-45%	337	105%
Nurse Practitioners	31	107%	2,486	-46%
Certified Registered Nurse				
Anesthetists	-	-100%	N/A	
Clinical Nurse Specialists	1	-75%	77,065	348%
Licensed Practical Nurses	75	50%	1,028	-25%
Certified Nursing				
Assistants	249	-1%	309	13%
Occupational Therapy				
Occupational Therapists	5	-17%	15,413	34%
Occupational Therapy				
Assistants	2		38,533	
Pharmacy				
Pharmacists	30	58%	2,569	-29%
Certified Pharmacy				
Technicians	43	30%	1,792	-14%
Physical Therapy				
Physical Therapists	28	133%	2,752	-52%
Physical Therapist				
Assistants	8	60%	9,633	-30%

Oregon

Professions	Statewide number of people per one provider 2011	Statewide number of people per one provider 2014	% Change from 2011
Dentistry			
Dentists	1,494	1,530	2%
Dental Hygienists	1,614	1,820	13%
Dietetics			
Dietitians	8,478	8,356	-1%
Medicine			
Physicians (MD/DO)	353	353	0%
<i>Primary Care Physicians</i>	930	1,015	9%
<i>Emergency Room Physicians</i>	5,820	5,489	-6%
<i>General Surgeons</i>	10,418	12,481	20%
<i>Obstetricians and/or Gynecologists</i>	3,386	4,436	31%
<i>Psychiatrists</i>	6,437	6,280	-2%
Podiatrists		25,448	
Physician Assistants	4,165	3,358	-19%
Nursing			
Registered Nurses	107	101	-6%
Nurse Practitioners	1,956	1,630	-17%
Certified Registered Nurse Anesthetists	12,451	10,232	-18%
Clinical Nurse Specialists	26,188	23,752	-9%
Licensed Practical Nurses	1,147	1,049	-9%
Certified Nursing Assistants	229	241	5%
Occupational Therapy			
Occupational Therapists	3,712	3,622	-2%
Occupational Therapy Assistants	19,213	17,418	
Pharmacy			
Pharmacists	1,716	1,289	-25%
Certified Pharmacy Technicians	851	835	-2%
Physical Therapy			
Physical Therapists	1,593	1,409	-12%
Physical Therapist Assistants	6,615	5,705	-14%

Behavioral Health

Access to behavioral health can be increased or decreased based on a variety of reasons. Differences in access can come from geographical location, age, specialty of a clinic, accessing mental health services or drug and addiction services, what different insurances cover, as well as the relationship between the number of persons seeking care and the capacity of the clinics to meet that need. After the implementation of the Affordable Care Act there was a large decrease in uninsured persons, most of the decrease came from enrollment in the Oregon Health Plan (OHP). The OHP includes coverage for behavioral health care and so when the number of members increased there was an increase in persons trying to access services with a responsive increase in Marion and Polk Counties' capacity to provide those services.

Oregon is conducting a statewide assessment at the county level. These data will be linked to this document when available



Oral Healthcare

Introduction: Oral health is critical to overall health.¹¹ Most oral diseases are preventable but delays in treatment can lead to cumulative effects on health. Nationally, tooth decay is the most common chronic condition, affecting 60% of American children—five times more children than asthma.¹²

- As of July 1, 2014, DCOs were integrated into CCOs and the CCO global budget.¹³
- Before the integration Oregon Health Authority (OHA) paid DCOs directly by per member per month payment for services.

Effects of Poor Oral Health: Lower levels of oral health (cavities, tooth loss, chronic mouth pain, gum disease etc.), are associated with lower-incomes, less provider access, and more dental-related Emergency Department (ED) visits.

- Tooth pain can affect school performance and attendance;
- Oral health and behavioral and developmental issues are correlated.
- Untreated tooth decay is persistent and gets worse over time.¹³
- Gum disease and poor dental health are associated with negative health outcomes.
 - Gum disease is associated with increased risk for chronic conditions like diabetes, heart attack, and stroke.¹⁴
 - Women with gum disease are more likely to have premature, low-birth weight babies.
- An emphasis on preventive screenings and increased access to oral health providers and routine cleanings can greatly improve oral health in children and adults.

Emergency Department Utilization: Nationally, those without dental insurance or with limited dental access have higher utilization of expensive Emergency Department (ED) treatment. Treatment for non-emergency dental issues in an ED is cost-prohibitive and often avoidable.

- Dental visits accounted for 2.5% of ED visits and represented the second-most-common discharge diagnosis in adults aged 20 to 39 years in a sample of Oregon Emergency Departments¹⁵
- Potential solutions provided by interviewees included Medicaid benefit expansion, care coordination, water fluoridation, and patient education¹⁵
- Medicaid coverage of dental benefits could help ease the burden on the ED, but ED use for dental conditions might remain a problem in areas with a scarcity of dentists¹⁶

Four Dental Care Organizations Serve Medicaid Recipients in Marion and Polk Counties:

¹¹ Healthy People 2020. (2013). *Oral Health*. Retrieved from HealthyPeople.gov: <http://www.healthypeople.gov/2020/topics-objectives/topic/oral-health?topicid=32>

¹² Oregon Health Authority. (2012). *Oregon Smile Survey. 2012 Report*. Public Health Division. Retrieved from <https://public.health.oregon.gov/PreventionWellness/oralhealth/Documents/SmileSurvey2012.pdf>

¹³ Dental Care Organizations. (March 2011). *DCO-OHP 101*. Retrieved from <http://www.oregon.gov/oha/healthplan/OHP%20Regional%20Meetings%20Agendas%20Schedule%20Handouts/DCO-OHP%20101%20Spring%202011.pdf>

¹⁴ Mayo Clinic. (2013, May 11). *Healthy Lifestyle Adult Health*. Retrieved from Oral health: A window to your overall health.

¹⁵ Sun, Benjamin C. M.D, MPP, Chi, Donald L. DDS, PhD, et al, (May 2015) Emergency Department Visits for Nontraumatic Dental Problems: A Mixed-Methods Study. *American Public Health Association*. Retrieved from: <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302398>

¹⁶ Fingar, Kathryn R., Et Al. (August 2015). Medicaid Dental Coverage Alone May Not Lower Rates of Dental Emergency Department Visits. *Health Affairs*. Retrieved from: <http://content.healthaffairs.org/content/34/8/1349.short>



1. Advantage Dental Services
2. ODS Community Health Dental Plans
3. Willamette Dental Group
4. Capitol Dental Care

Oregon 2012 Smile Survey: This statewide survey gauges the health of the Oregon dental system by looking at the health, access, and overall quality of dental care for school children, aged 6 to 9. The survey examines the percentage of children who need urgent dental care, have any tooth decay, have rampant tooth decay (7 or more cavities), and have received dental sealants.¹⁷

- Children from counties in southeastern Oregon had higher cavity rates than the rest of the state.
- Children from lower-income households had substantially higher cavity rates compared to children from higher-income households (63% vs. 38%), almost twice the rate of untreated decay (25% vs. 13%), and more than twice the rate of rampant decay (19% vs. 8%).
- Hispanic/Latino children experienced particularly high rates of cavities, untreated decay, and rampant decay compared to white children.
- Black/African American children had substantially higher rates of untreated decay compared to white children.

Salem Keizer Dental Solutions¹⁸: Salem Keizer Dental Health Solutions (SKDHS) provides dental services in Marion and Polk Counties. The school-based approach targets low-income students and schools. Created in 2001, this program uses a “three-pronged” approach to improve oral health in children: dental health education, prevention services, and access to treatment.

- Dental Health Education include: Parent Education and Student Education
- Prevention Services include: School-Based Dental Screenings and Fluoride Varnish Project
- Access to Treatment include: Neighborhood Dentist Program, Medical Teams International Mobile Unit, Give Kids a Smile Clinics, Boys & Girls Club Health and Dental Services Center, and the Children’s Program

Medical Teams International (Traveling Dental Vans)¹⁹

Dental van sites vary, covers most of Oregon

Phone: 503-624-1026

Web: <http://www.medicalteams.org/home/contact-us>

Services Provided: Limited to extractions and fillings as needed to treat severe pain or infection

Population Served: Adults and Children

Hours: Call for hours, locations and scheduling

Fees Info/Restrictions: Free, donations are accepted.

Urgent Care Clinics

Introduction: Urgent Care clinics provide immediate outpatient medical care for the treatment of acute and chronic illness and injury.²⁰ The type of immediate care may vary by clinic, but none handle life-threatening medical emergencies. This care does not

¹⁷ Oregon Smile Survey.” http://media.oregonlive.com/portland_impact/other/SMILE%20Survey%202012%20Draft%20Results_4-23-13-1.pdf

¹⁸ Salem-Keizer Public Schools. “Dental Health Solutions For Children” Retrieved from: <http://www.salkeiz.k12.or.us/departments/dental-health-solutions-children>

¹⁹ Medical Teams International. (2016) Information retrieved from: <http://www.medicalteams.org/about-us/what-we-do/mobile-dental-program>

²⁰ American Academy of Urgent Care Medicine. Information retrieved from: <http://aaucm.org/about/urgentcare/default.aspx>.



take the place of a primary care provider, but may be convenient to those who are unable to schedule an appointment with their regular provider in a timely manner. In those situations, the urgent care clinic may be a less expensive option than going to the emergency department for a non-emergent condition or illness. Most urgent care clinics offer extended hours of service and take most insurances. Some offer billing options and discounts if the bill is paid in full at the time of the visit.

Clinic	Hours	Payment	Uninsured	Language
Salem Health Convenient Care 503-561-5554	Weekdays 10am – 10 pm	Medicare, the Oregon Health Plan and most private insurances	Pay a deposit for the cost of services before your appointment Responsible for the total cost of your care	Interpretation Services Available
South Salem Immediate Care/Urgent Care 503-588-1234	M-F 9am-5pm Sat 9am- 3pm	OHP and most insurances payments for urgent care needs	Payments with 50% down Offers discount if Paid In Full at time of visit	Spanish (on-site most of time)
Zoom Care Salem 503-608-3083	M-F 8am-6pm Sat 9am-6pm Sun 9am-6pm	Accepts Most Insurances	Accepts Debit & Credit, no Cash or Check. Fee is due at time of visit	Interpretation services available (Linguava)
Woodburn Immediate Care Woodburn 971-983-5360	M-F 9am-7pm Sat 10am-4pm	Most Insurances OHP- if assigned to one of their physicians	Payments with \$60.00 down Offers discount if Paid In Full at time of visit	English Spanish Russian translators available
Salem Clinic Urgent Care Inland shores – Keizer 503-399-2424	M-F 10am- 7pm Sat + Sun 10am – 5pm	Most Insurances OHP if Dr. takes it, NO Care-Oregon, some tri-cares (prime-designated PCP)	Billed as office visit. Self-pay \$165.00 deposit due at the time of service. Offer 25% discount if paid in full at time of visit.	Interpretive Agency
Emurgent Care – Dallas 503-623-3199	M-S 9am-7pm Sun 10am-4pm	Medicare, Medicaid, most private insurances	Self-pay \$135 at time of visit	Spanish

Sources: Each business was contacted directly

Emergency Medical Services

Introduction: This section addresses pre-hospital emergency medical services.

Ambulance Service Area (ASA) means a geographic area, which is served by one ambulance service provider. The ambulance service area may cross county borders. Each county has an ambulance service plan which is designed to optimize non-emergency as well as emergent transport. The plan considers geography, population and other needs and encourages the various ambulance services to work together.

- The emergency medical system in each county begins with the 911 Call Center (also known as PSAP – Public Service Answering Point) which receives the call and then dispatches the appropriate responders within two minutes of receiving the request for emergency medical services.
- Marion County ambulance providers are of three types – hospital operated (Santiam Hospital), Private (Woodburn Ambulance), or fire department operated (Salem, Jefferson, Turner, Lyons, Kaiser, Polk Co. Fire District 1, Marion Co. Fire District 1, Idanha-Detroit and St. Paul)
- Polk County ambulance providers are of two types – Private (Pacific West Ambulance Service, Dallas Ambulance) or fire department operated (Salem, McMinnville, Sheridan, West Valley, Polk Co. fire District #1)
- Response requirements are set by OAR 333-260-0050. Response time expectations for the ambulance services vary by zones and are extended by 2 minutes if Basic Life Support (EMT basic first responder) arrives, and by 5 minutes if Advanced Life Support (Advanced EMT or paramedic) arrives.
- Some exemptions to the required response times may include re-routing due to floods; weather; vehicle break-down; etc.
- Trauma LifeFlight is based in Portland, with landing pads at each hospital
- Typical insurance coverage will pay for 50-80% of the ambulance bill. An Ambulance can costs between \$1,000 and \$1,600. A person with insurance would be responsible to pay anywhere between \$250 and \$800 for one transport. Uninsured may have to pay the full amount.

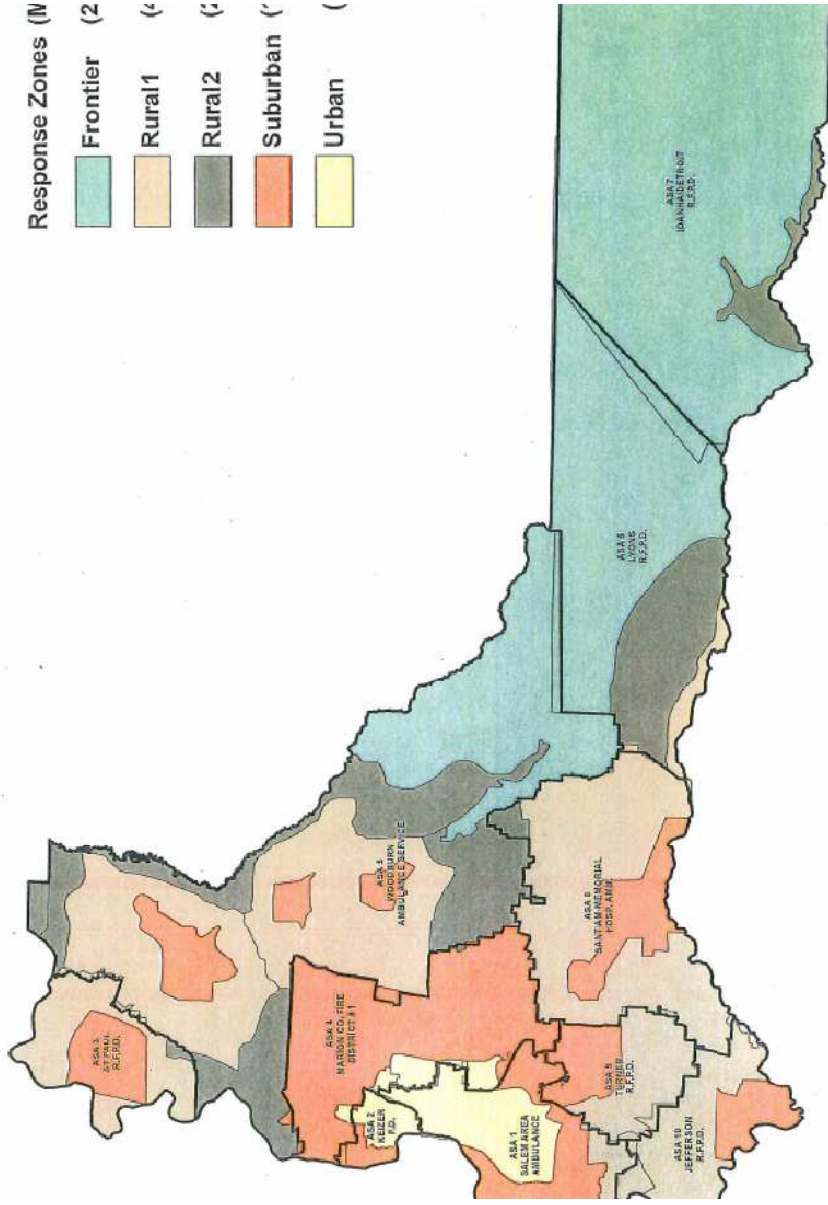


- OHP covers med



2012 Response Time Zones Map

- Response Zones (W)
- Frontier (2)
 - Rural1 (4)
 - Rural2 (6)
 - Suburban (8)
 - Urban (10)

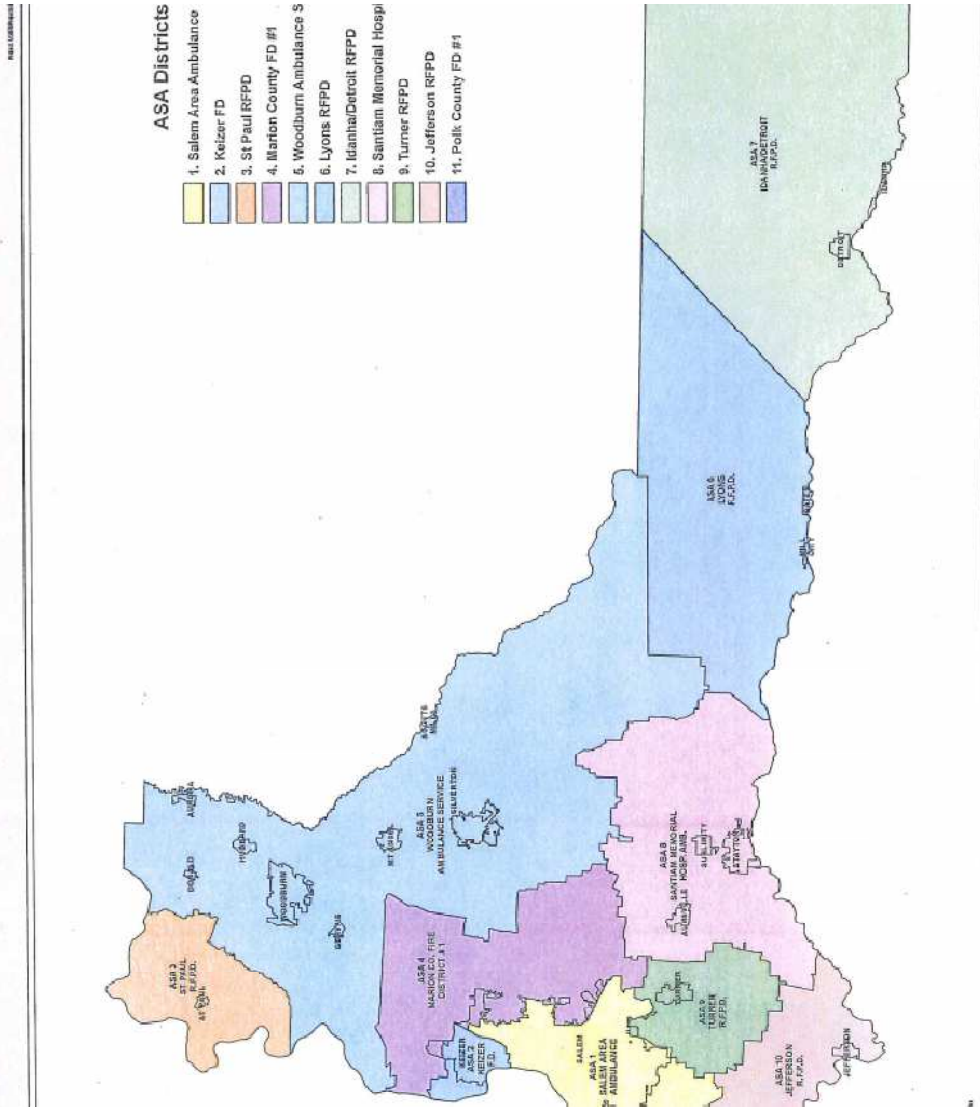


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²¹ Marion County Ambulance Service Area. 2012 Response Time Zones Map. Retrieved from: http://www.co.marion.or.us/HLT/BoardsCoalitionsCommittees/Documents/ASA/asamaps_2.pdf

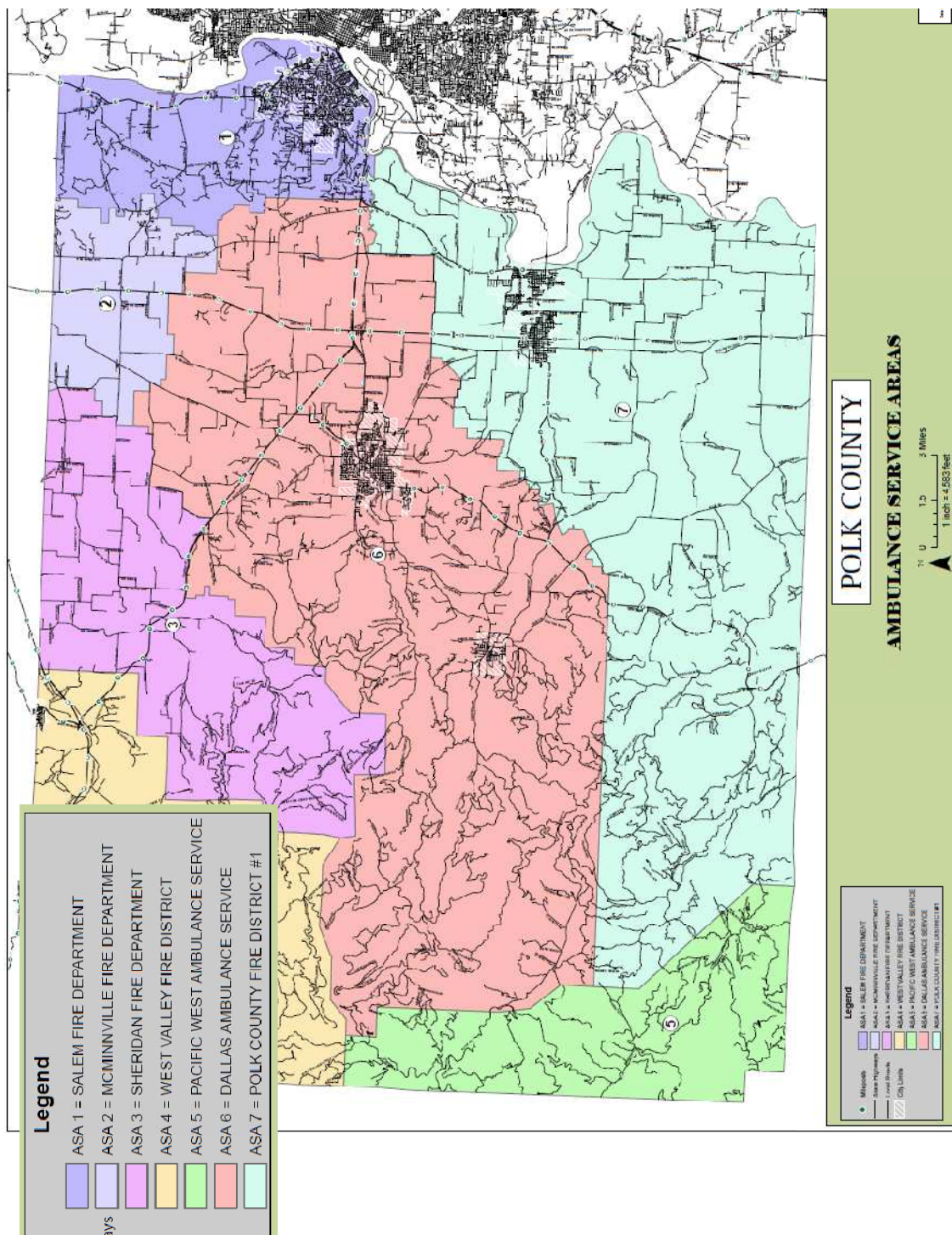


12 Ambulance Service Areas and City Limits Map



²² Marion County Ambulance Service Area. 2012 Ambulance Service Areas and City Limits Map. Retrieved from: http://www.co.marion.or.us/HLT/BoardsCoalitionsCommittees/Documents/ASA/asamaps_2.pdf





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Ambulatory Care

Introduction: This section describes the health department client services, school nurses, and tribal health in Marion and Polk Counties. Having health insurance is not enough to ensure access to care. There must also be an adequate supply of providers to

²³ Willamette Valley Communications Center (WVCC), City of Salem. Polk County Ambulance Service Areas Map



provide preventive and primary care as well as referrals to specialty care when appropriate; and an adequate number of providers who are actively accepting Medicare and OHP.

Health Department Client Services
Marion County

Phone: (503) 588-5342
Fax: (503) 364-6552

- Communicable Disease
- Early Childhood Nursing
- HIV AIDS
- Immunizations

- Reproductive Health
- Sexually Transmitted Infections
- WIC: Women, Infants, and Children

Phone: (503) 588-5357
Fax: (503) 364-6552

- Emergency Preparedness
- Environmental Health

Phone: (503) 566-2901

- Prevention Services

Polk County

Phone: (503) 623-8175

- WIC Services
- Communicable Disease
- Family Planning
- Emergency Preparedness
- Home Visiting Programs
- Immunizations

- Babies First
- CaCoon (Coordinated Care Planning)
- Maternity Case Management (MCM)
- The Place for Teen Health

Dallas	Polk County Public Health 182 SW Academy St., Suite 302	Mondays and Thursdays 8:15 a.m. - 11:00 a.m. & 1:00 p.m. - 4:00 p.m.
Independence	Oregon Child Development Coalition (OCDC) 535 G St.	First Wednesday of every month 1:30 p.m. - 3:00 p.m.
West Salem	Polk County Mental Health 1520 Plaza St. NW, Suite 150 (behind Safeway)	First Wednesday of every month 8:45 a.m. - 11:00 a.m.



School Nurses²⁴

The table below displays the self-reported number of registered nurses/school nurse FTE for the different schools in Marion and Polk Counties.

District	Number of Schools	Registered Nurse/School Nurse FTE	
		2012-2013	2014-2015
Marion			
Cascade	6	1	1
Gervais	5	0.2	0.24
Jefferson	3	0	0
Mt Angel	3	0.5	0.02
North Marion	4	1	1
North Santiam	5	1.2	1.2
Salem-Keizer	68	11.5	14
Silver Falls	14	0	3
St Paul	2	0.1	0.15
Woodburn	12	2	2
Polk			
Central	6	1	1
Dallas	6	1	2
Falls City	2	0	0
Perrydale	1	1	0.2
State		232.86	261.01
		Change	12%

²⁴ Oregon Department of Education. School Nurse Annual Report. Data retrieved from:
<http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/2014schnurseannualrpt.pdf>,
<http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/2015schnurseannualreport.pdf>

Tribal Health

The Grand Ronde Tribe has lands and provides health services in Polk County. No tribe provides health services in Marion County, however there is a clinic operated by the Indian Health Service that is co-located with the Chemawa Indian School in Salem, OR.

Chemawa Indian Health Center is an accredited Indian Health Service facility specializing in the promotion of primary health care for eligible Native American patients. It serves Federally recognized American Indian and Alaska Native people and their descendants living in or visiting the service area. It also provides student school health services for the Chemawa Indian School. Services include primary and well child care, prenatal and post-delivery care, birth control, minor surgical and orthopedic care.²⁵

Grand Ronde Health and Wellness Center Medical Clinic is operated by the Confederated Tribes of Grand Ronde and provides comprehensive out-patient medical care to Tribal Members, other Native Americans, non-native employees of the Confederated Tribes of Grand Ronde, and surrounding community members. Services include physical examinations, well child exams, immunizations, and health assessments, all levels of primary care, referrals, patient education, family planning, and preventative services.²⁶ Optometry and pharmacy services are also provided at the Grand Ronde location.

Special benefits for members of tribes²⁷

Private health plans available through HealthCare.gov and public plans (such as the Oregon Health Plan) include special benefits for American Indians and Alaska Natives who are enrolled in a federally recognized tribe.

Special benefits for enrolled tribal members

- **Private plans with no out-of-pocket costs:** Enrolled tribal members who buy private health insurance through HealthCare.gov can enroll in a “zero cost sharing plan” if their income is at or below the limit for their family size (\$70,650 for a family of four). This means they do not have to pay for deductibles, co-pays, co-insurance, or prescriptions when they get care.
- **Flexible enrollment:** Tribal members can enroll in a private health plan any time of year and can change plans up to once a month. They are not limited to open enrollment periods.

Enrolled tribal members and others eligible for services from Indian Health Services, Tribal Clinics, or Urban Indian Clinics can get:

- **No out-of-pocket costs for Indian health programs.** Regardless of income, they do not have to pay for services or items provided by Indian Health Services, Tribal Clinics, or Urban Indian Clinics.
- **Consistent care.** They can continue to get care from their community providers at Tribal and Urban Clinics and may be eligible for financial savings to lower the cost of monthly premiums for private health insurance.
- **No penalty for not having health insurance.** They do not have to pay the federal penalty that most others have to pay if they do not have health insurance.
- **Premium sponsorship.** Tribes, tribal organizations, and urban Indian organizations may choose to pay premiums for qualified health plans on behalf of tribal members. To find out more about the Tribal Premium Sponsorship Program, please contact us or your tribal organization.

²⁵ Indian Health Service. Portland Area, Western Oregon Service Unit. Retrieved from:

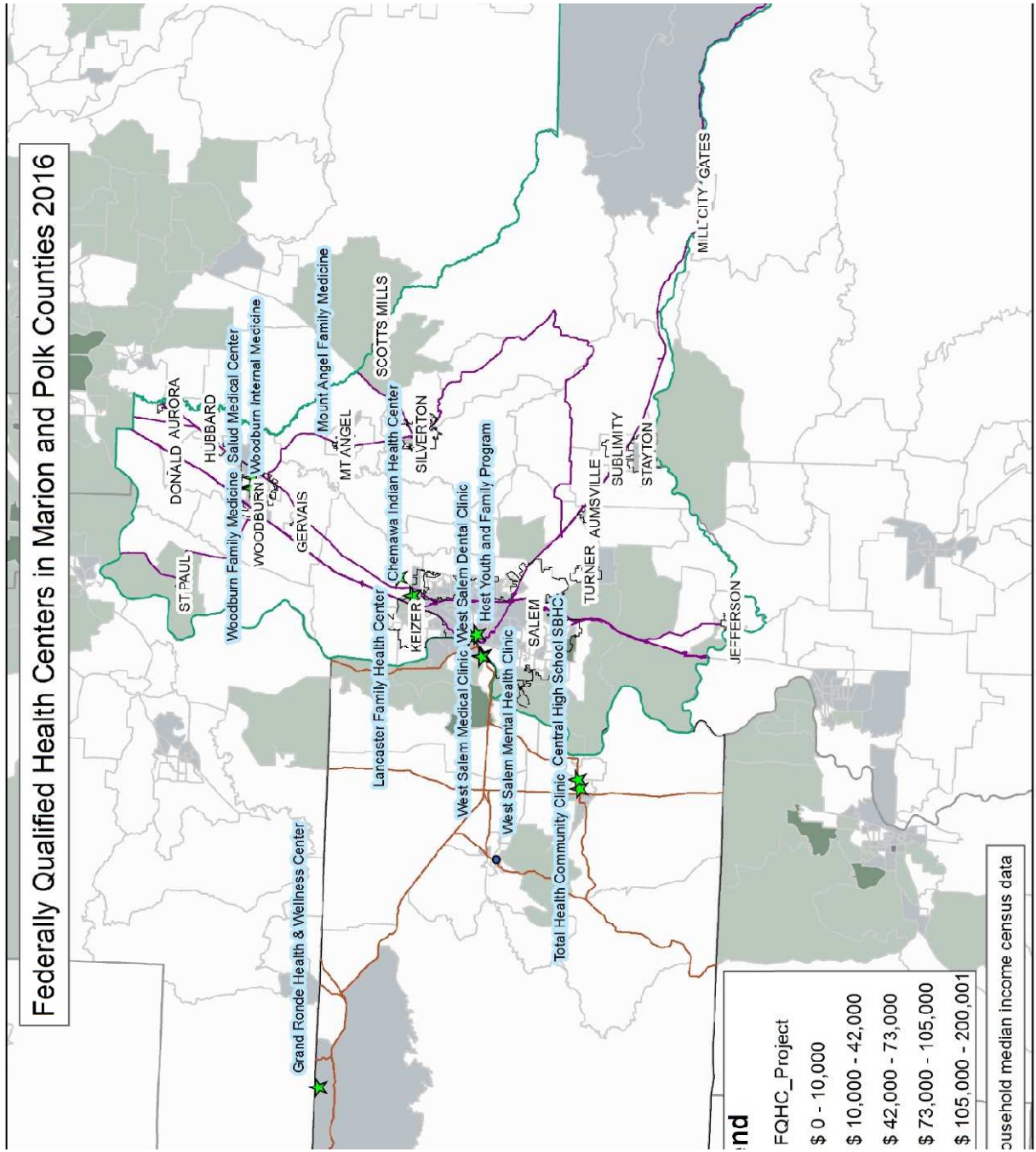
https://www.ihs.gov/portland/index.cfm?module=dsp_port_hf_western_oregon

²⁶ The Confederated Tribes of Grand Ronde. Medical. Retrieved from: <http://www.grandronde.org/departments/health-and-wellness/medical/>

²⁷ OregonHealthCare.gov. (2015) Tribal Member, Special benefits for members of tribes [Summary of Benefits] Retrieved from: <http://www.oregon.gov/oha/2015Coverage/Pages/tribal-members.aspx>



Federally Qualified Health Centers in Marion and Polk Counties 2016



Free and Reduced Cost Services

Free Clinics: Offer services and care to poor, uninsured, and limited access patients. They have traditionally served niches in communities with a large number of people who are uninsured or have lack of access to affordable care.

Federally Qualified Health Centers: Must serve an underserved area or population, offer a sliding fee scale, and provide comprehensive services.²⁸

School Based Health Centers: School-based health centers (SBHCs) in Oregon deliver quality, affordable, cost-effective health care to young people and function like a doctor's office located on school grounds. They offer a range of medical and health services, enjoy broad community support, and help keep kids healthier, in school, and ready to learn. SBHCs have proven to be a strategic investment that benefit schools, families, communities, and serve thousands of Oregon youth every year.²⁹

Free Clinics (FC)	<ul style="list-style-type: none"> • Salem Free Clinics <ul style="list-style-type: none"> ○ Salem Free Clinic ○ Polk Community Free Clinic • Community Outreach Clinic in Silverton
Federally Qualified Health Center (FQHC)	<ul style="list-style-type: none"> • Salud Medical Center in Woodburn • Northwest Human Services (NWHHS) in West Salem
School-Based Health Center	<ul style="list-style-type: none"> • Central High School SBHC

Effects of Medicaid Expansion: In the previous Access Assessment of 2013 there were many uncertainties of what would happen with free and reduced cost services after the Affordable Care Act. There are some states, including Oregon, who have seen a great expansion of the Medicaid population and others that have resisted any expansion. In an analyses of over 1 million encounters for over 300,000 non-pregnant adult patients Angier et al. found there was a substantial decrease in uninsured community health center visits and a significant increase in Medicaid-covered visits.³⁰ This suggests that the free and reduced cost services are now seeing more people with insurance after the Medicaid expansion rather than a decrease in services.

Medical Foundation of Marion-Polk Counties

MedAssist: is a Prescription Assistance Program for eligible low-income people. This program is funded by the Medical Foundation of Marion & Polk Counties in an on-going effort to ensure the health of our communities. The program was launched in March 2002 and has been steadily growing ever since having served thousands of local residents. In 2014, MedAssist staff and volunteers helped local citizens' access free prescription medications valued at more than \$1 million and to date, almost \$18 million in medications have been accessed for over 10,000 patients.

Project Access: opened its doors to the first patient in April of 2009. To date, more than 3000 patients have received access to free care totaling more than \$60 million. This care includes out-patient services in local doctor's offices, in-patient care in our local hospitals, and surgeries. Project Access is a community based program that coordinates donated medical care and services provided by physicians, hospitals, medical labs, and ancillary healthcare providers in order to enhance and coordinate a continuum of care for uninsured, low-income residents, whose income falls below 200% of the federal poverty level.

While access to care is being expanded through Cover Oregon and the Oregon Health Plan, we know that not everyone qualifies for coverage and we also know not everyone will be able to afford individual coverage through the exchange.

²⁸ Darnell, J. (2011). What is the role of free clinics in the safety net? Retrieved from: <http://wmbranchout.files.wordpress.com/2010/02/free-clinics-in-the-united-states-julie-s-darnell-university-of-chicago.pdf>

²⁹ Oregon School-Based Health Alliance. (2016) School-Based Health Centers (SBHCs). Retrieved from: <http://osbha.org/sbhc>

³⁰ Angier H, Hoopes M, Gold R, et al. (2015) An early look at rates of uninsured safety net clinic visits after the Affordable Care Act. Annals of Family Medicine. Retrieved from: <http://www.annfammed.org/content/13/1/10.full.pdf+html>



In 2014, Project Access and MedAssist working together and in partnership with the local healthcare community provided access to healthcare and prescriptive medications valued at nearly \$8 million.

Women's Health Program: acquired in November 2013 from another local non-profit. In the last year, they have worked with over 45 women who were concerned about their breast health through their health partners with client navigation and mammogram vouchers. If a woman needs further diagnostic testing, their fundraising provides the funds to cover those tests at a significantly reduced fee. In their efforts to continue to build awareness of the importance of breast health and break down the cultural barriers that often keep women from seeking out this life changing screening, they have received funding to provide free mammograms to Latina women who have not received one in the last four years and are between ages 40 and 75 years. To date the Medical Foundation of Marion-Polk Counties have helped serve 95 Latina women in the program.

They began hosting the local Breast Cancer Support Group who has been together for almost 20 years and again hosted the eleventh annual Discover Pink Walk in October.

MOMS Plus: acquired in August 2013, provides free peer to peer mentorship for at-risk and recovering single moms who are no longer eligible for the program through the Oregon Health plan. The program's goal is to provide the moms a safe, non-threatening and authority free support system, while teaching the moms self-sufficiency skills. MOMS Plus provides professionally certified peer support specialists to work with the moms in a one on one setting for up to 18 months. To date the certified peer support specialists served 91 moms through the program. Research has shown that at-risk mothers respond better in peer to peer relationships that meet the mother where she is at, rather than forcing growth.

Clinical Services

Clinical preventive services are defined as activities and screenings that help lead to early detection and treatment of injury or disease.³¹ Emphasizing clinical preventive services is a key element of the Triple Aim adopted by the State of Oregon to improve population health and enhance the patient experience and quality of care at a lower long-term cost.

The Oregon Health Authority provides annual reports of the Coordinated Care Organization Incentive Measures and State Performance Measures. Please see their website for a full report.

<http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

³¹ Transformation Plan Element #4 Community Health Assessment and Community Health Improvement Plan. Retrieved from: <https://cco.health.oregon.gov/Documents/transformation/TP-Guidance-Item4-2012-12-18-intro.pdf>



Populations Experiencing Barriers in Accessing Healthcare

In the spring of 2015 there was a community survey conducted in Marion and Polk Counties. One of the questions on the survey asked respondents to report the barriers they had to accessing care. Below is an image of the question that was asked.

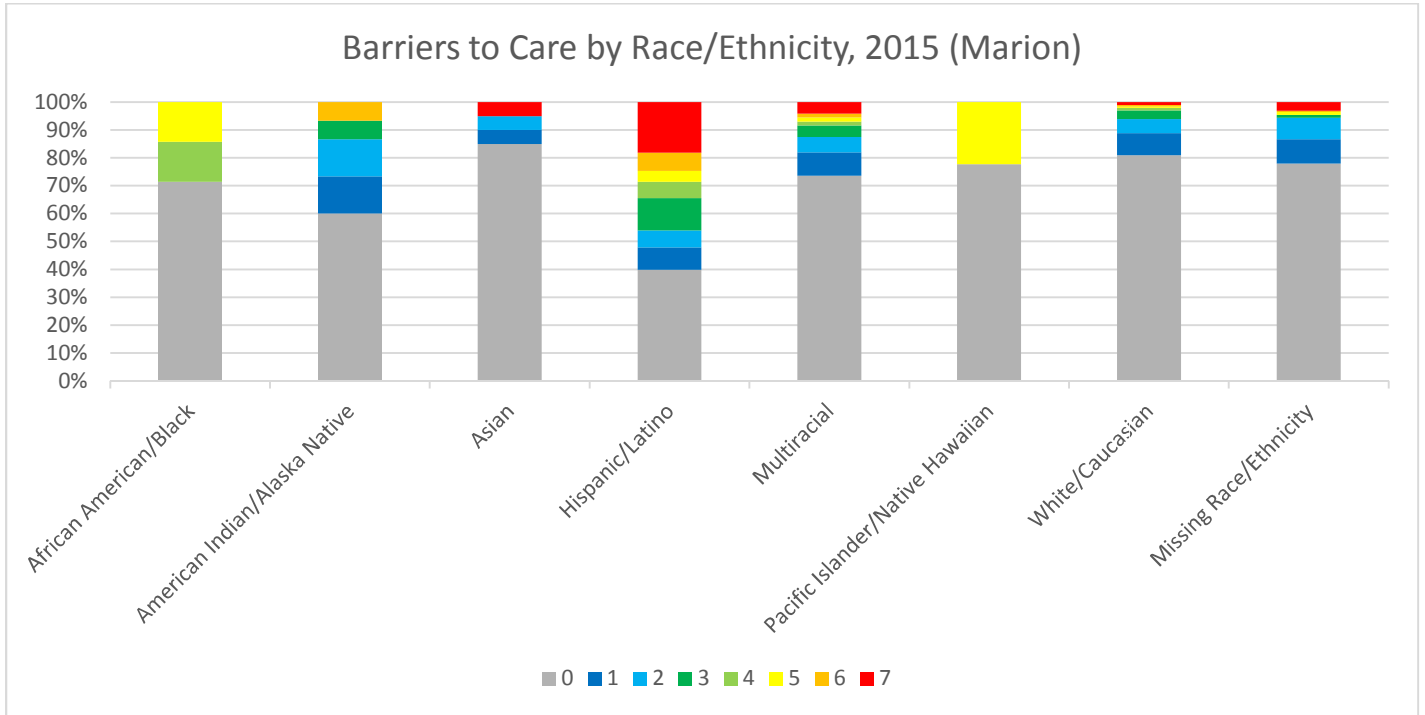
3. Can you get health care services from the following providers when you want to? (If a type of service does not apply to you please leave blank)							
Health Care Providers	Yes	No, I can't afford care	No, I can't get there	No, I don't have insurance	No, I can't find a doctor	No, I don't know where to go	No, other (please describe)
Eye Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pediatric Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Addiction Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

The number of barriers is determined by how many services a person cannot access. If a person can't afford eye care and does not have insurance for eye care that is only one barrier. They experience a barrier to accessing eye care. If a person can't afford eye care and can't afford dental care they have reported a barrier to eye care and dental care, which would be counted as 2 barriers.

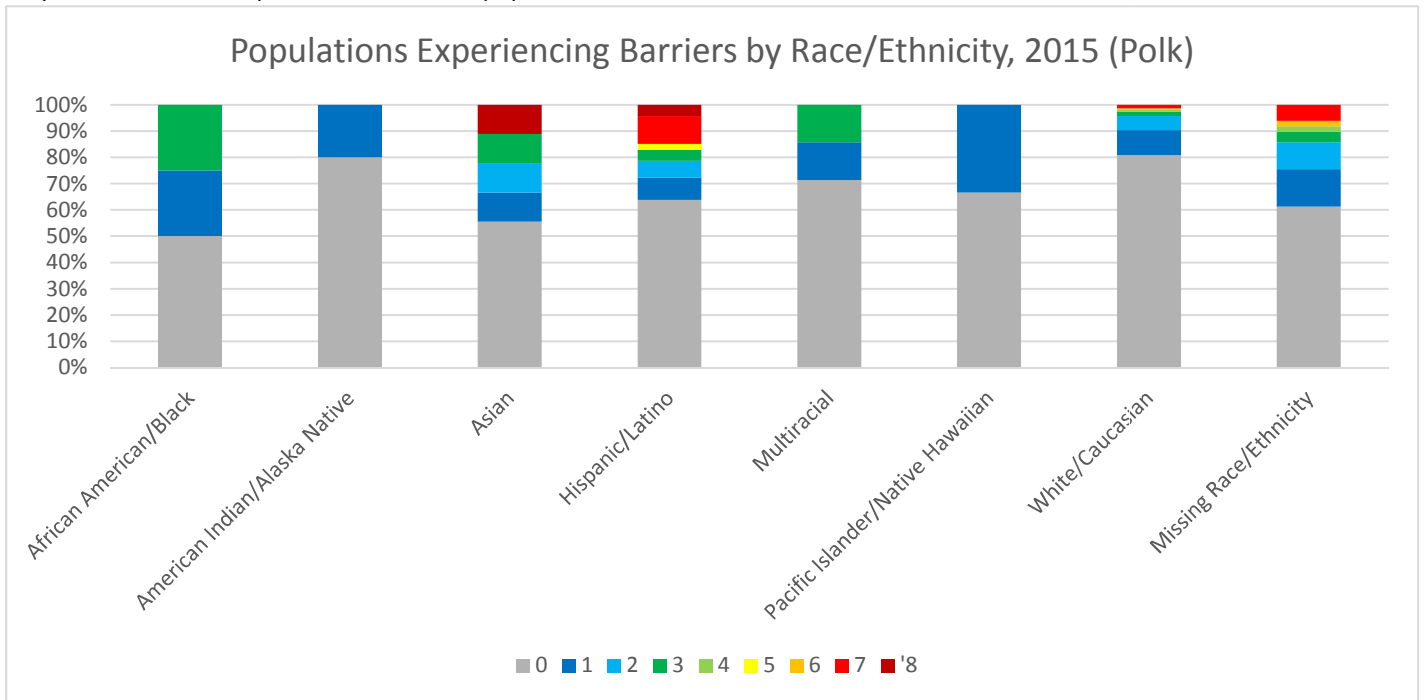
Since there are 8 Health Care Provider categories, the maximum number of barriers would be 8. In the Marion County Data the category "Other" was not included in this report so the maximum is 7. All of the following graphs are color coded to allow the reader to easily compare data.



Race/Ethnicity



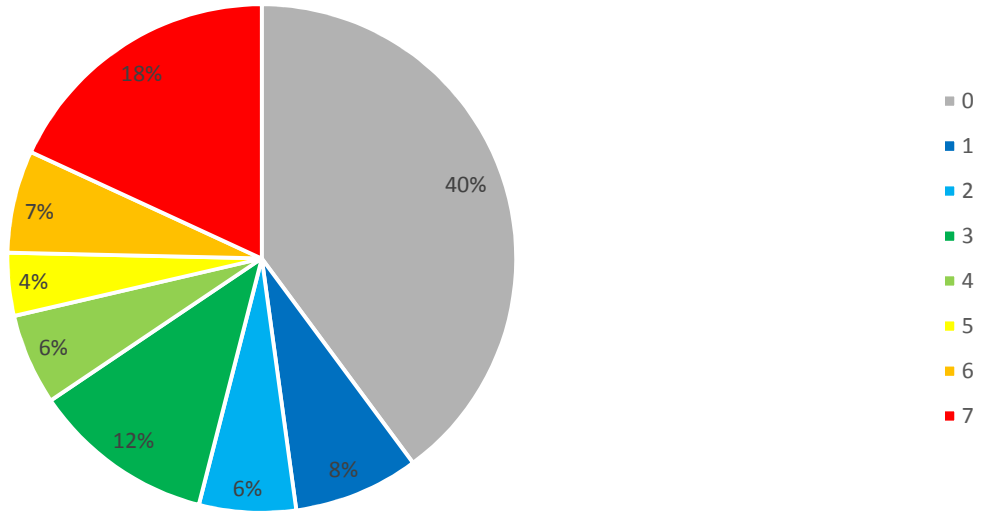
“African American/Black”, “American Indian/Alaska Native”, and “Pacific Islander/Native Hawaiian” have sample sizes under 15 and may not be accurate representations of the population.



“African American/Black”, “American Indian/Alaska Native”, “Asian”, “Multiracial”, and “Pacific Islander/Native Hawaiian” have sample sizes under 18 and may not be accurate representations of the population.

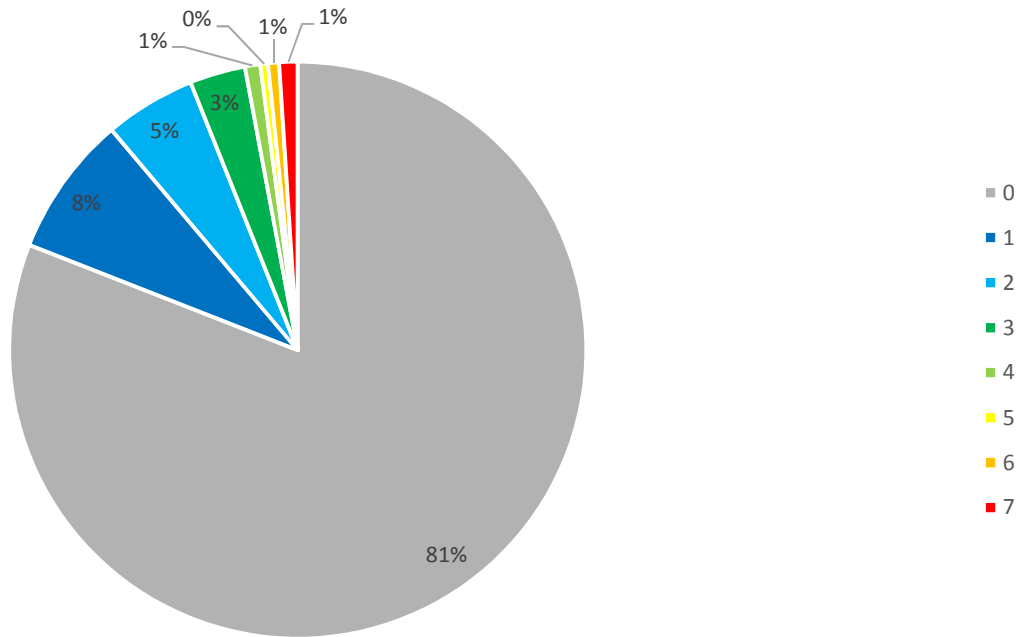


Percent Hispanic/Latino Experiencing Barriers, 2015 (Marion)

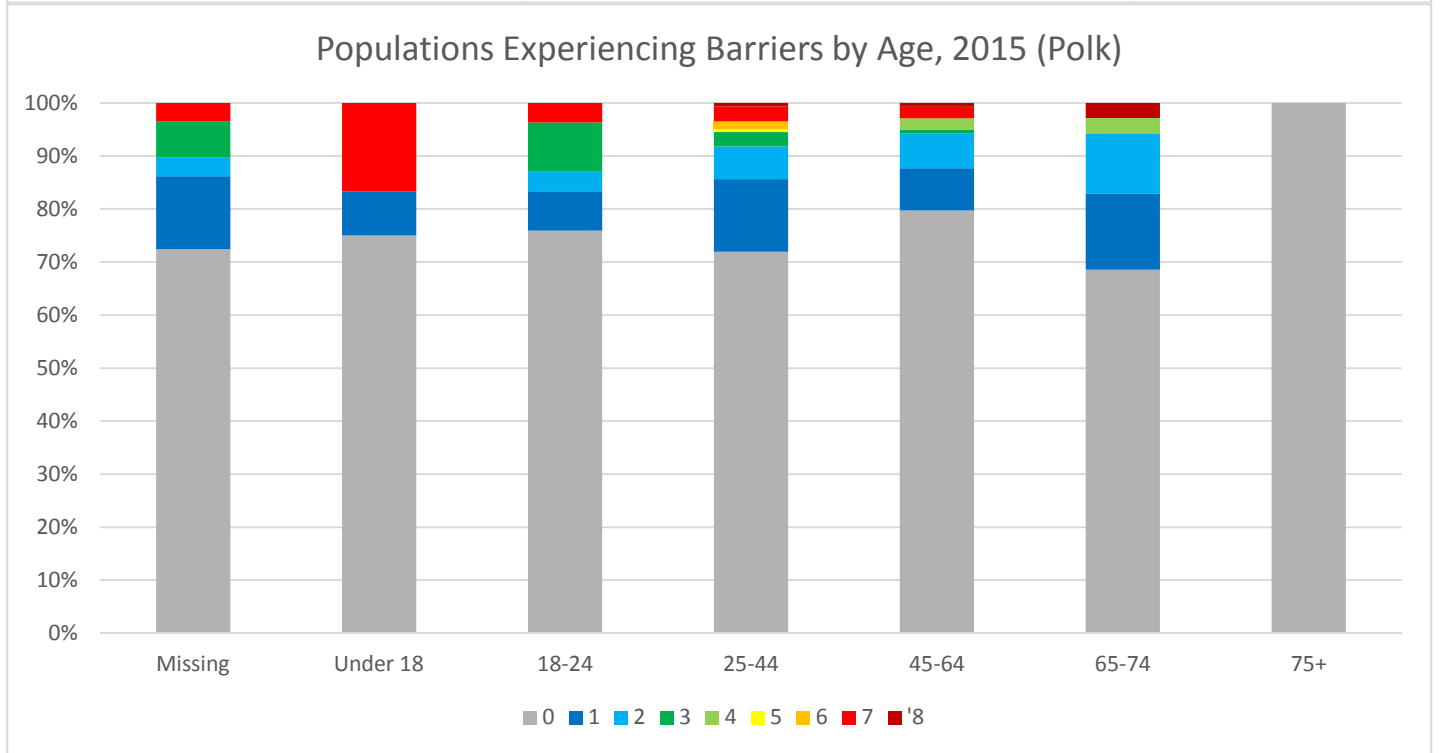
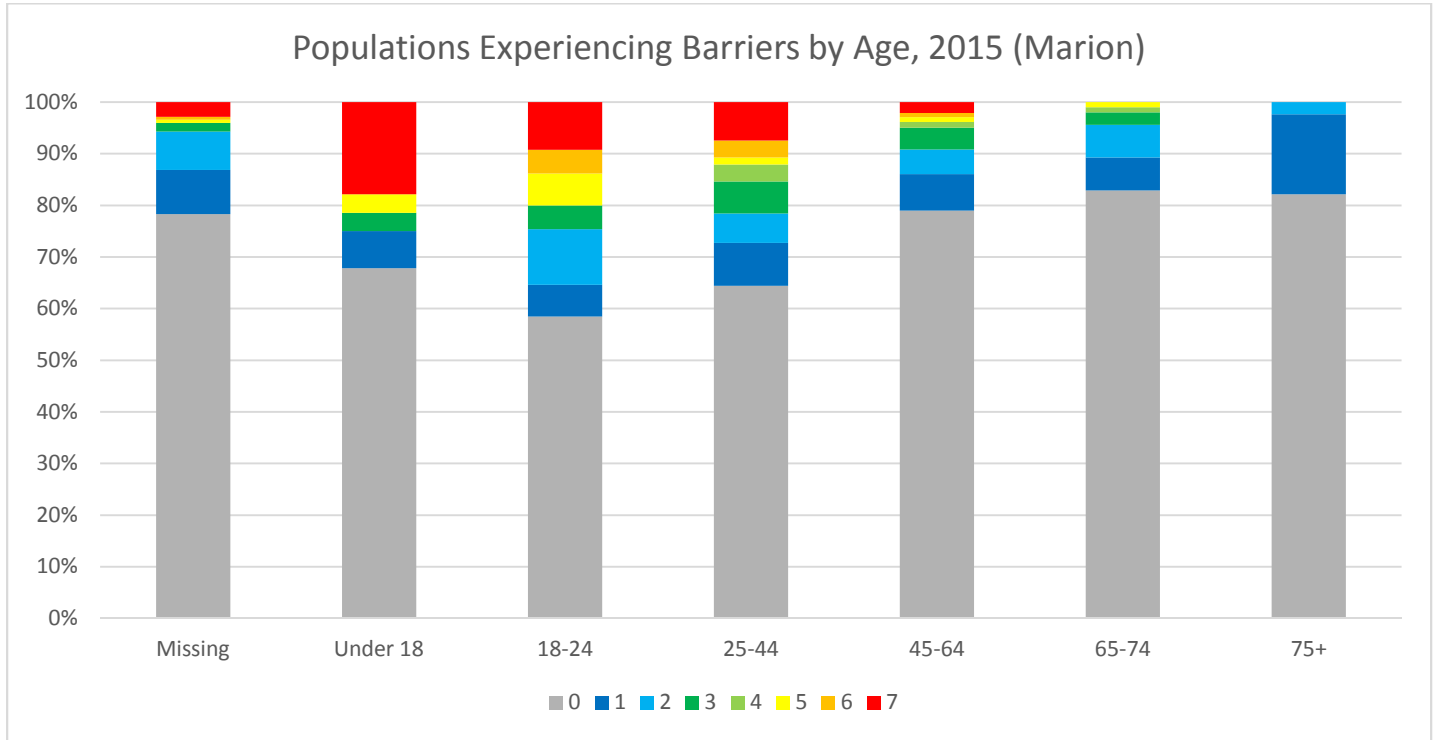


This chart shows the percent Hispanic/Latino that report experiencing barriers in Marion County. Compared to the percent White/Caucasian Chart below, the reader can see there is a difference in barriers reported between the two groups.

Percent White/Caucasian Experiencing Barriers, 2015 (Marion)



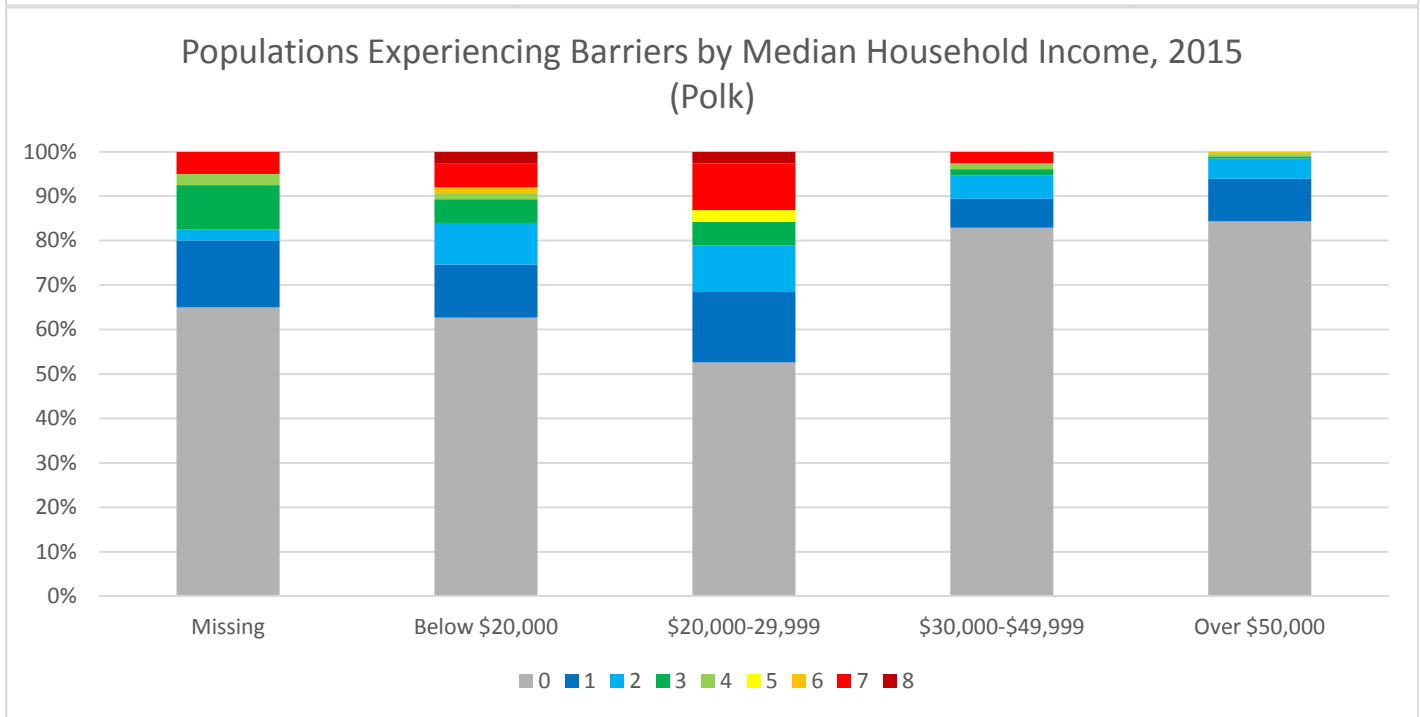
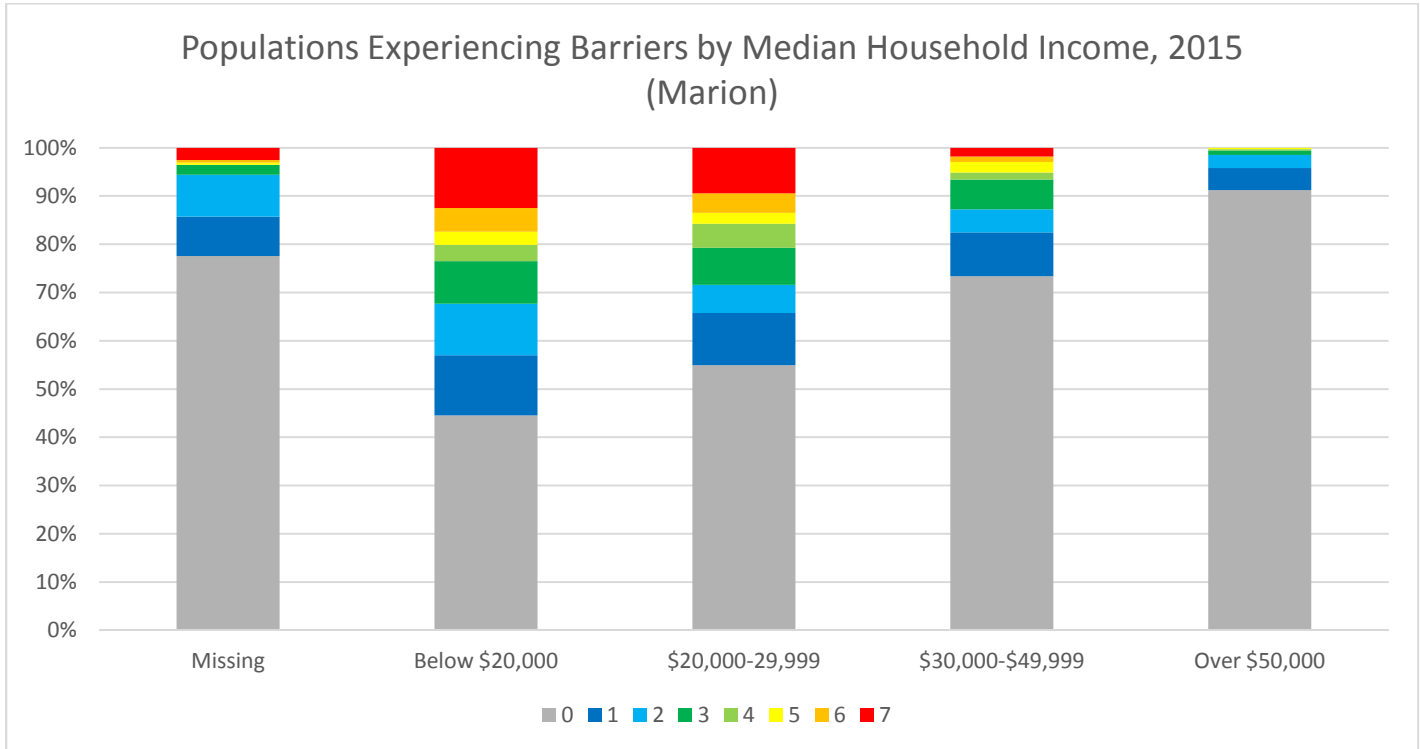
Age



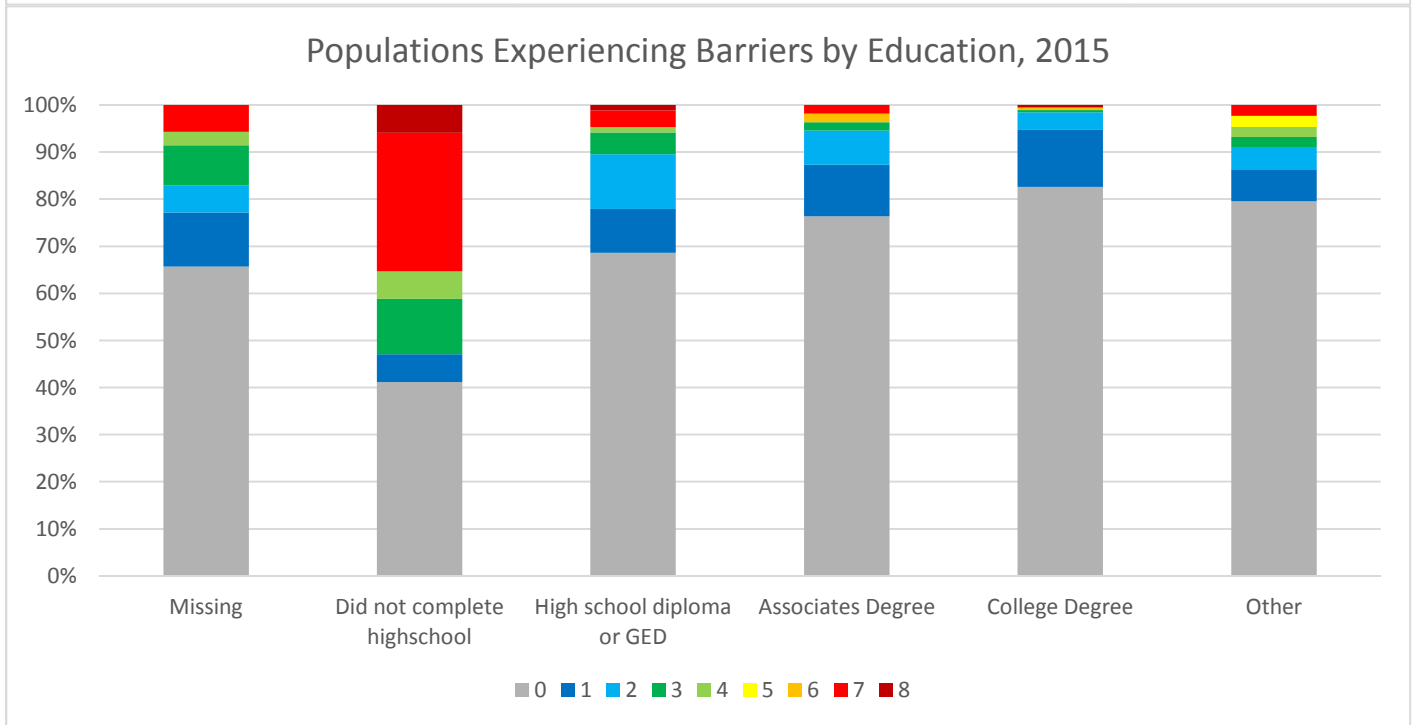
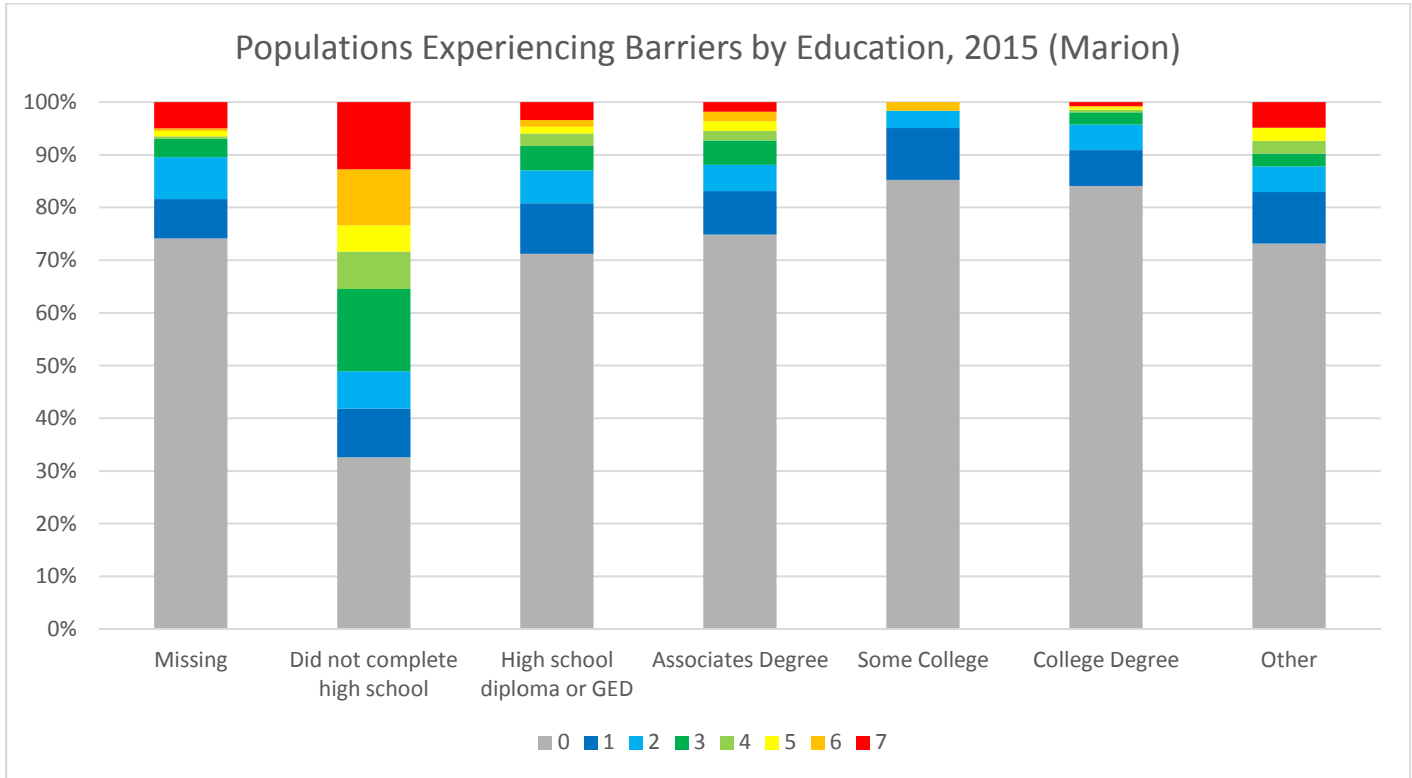
“Under 18” and “75+” sample sizes are both under 18 persons in Polk County and may not be an accurate representation of the population.



Median Household Income



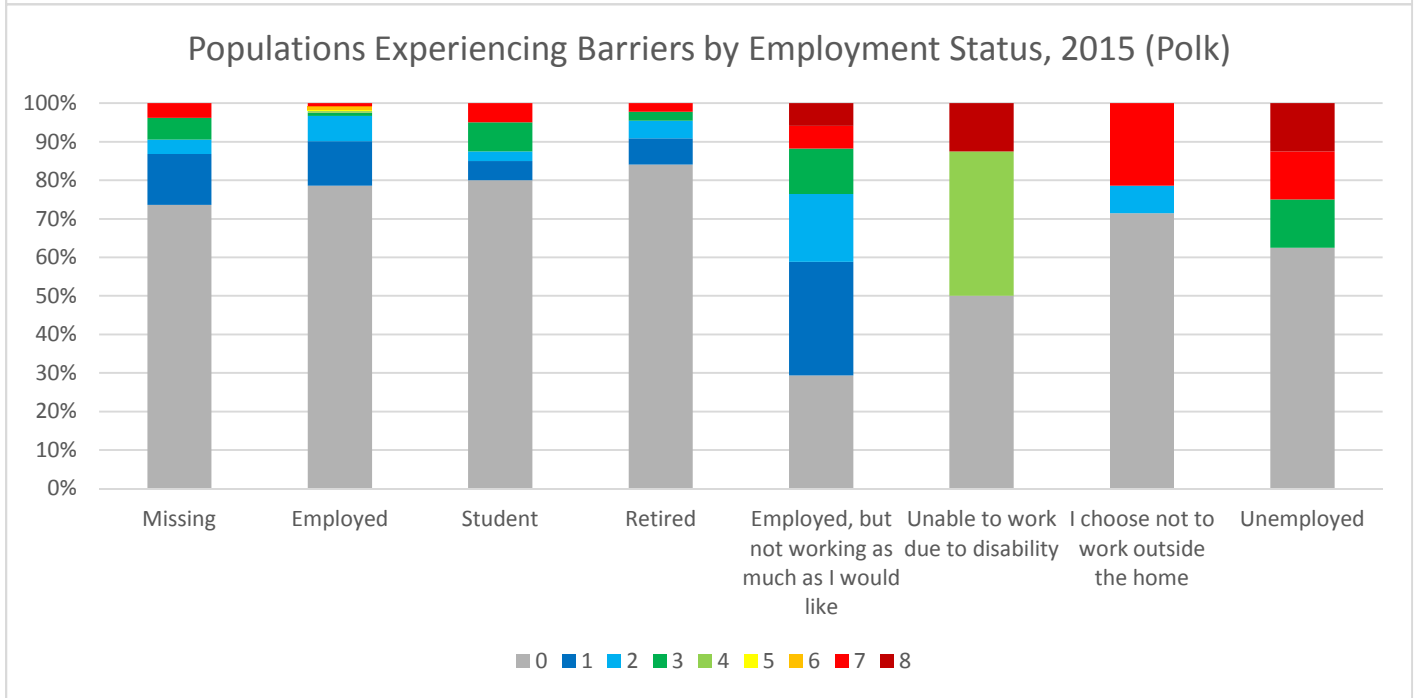
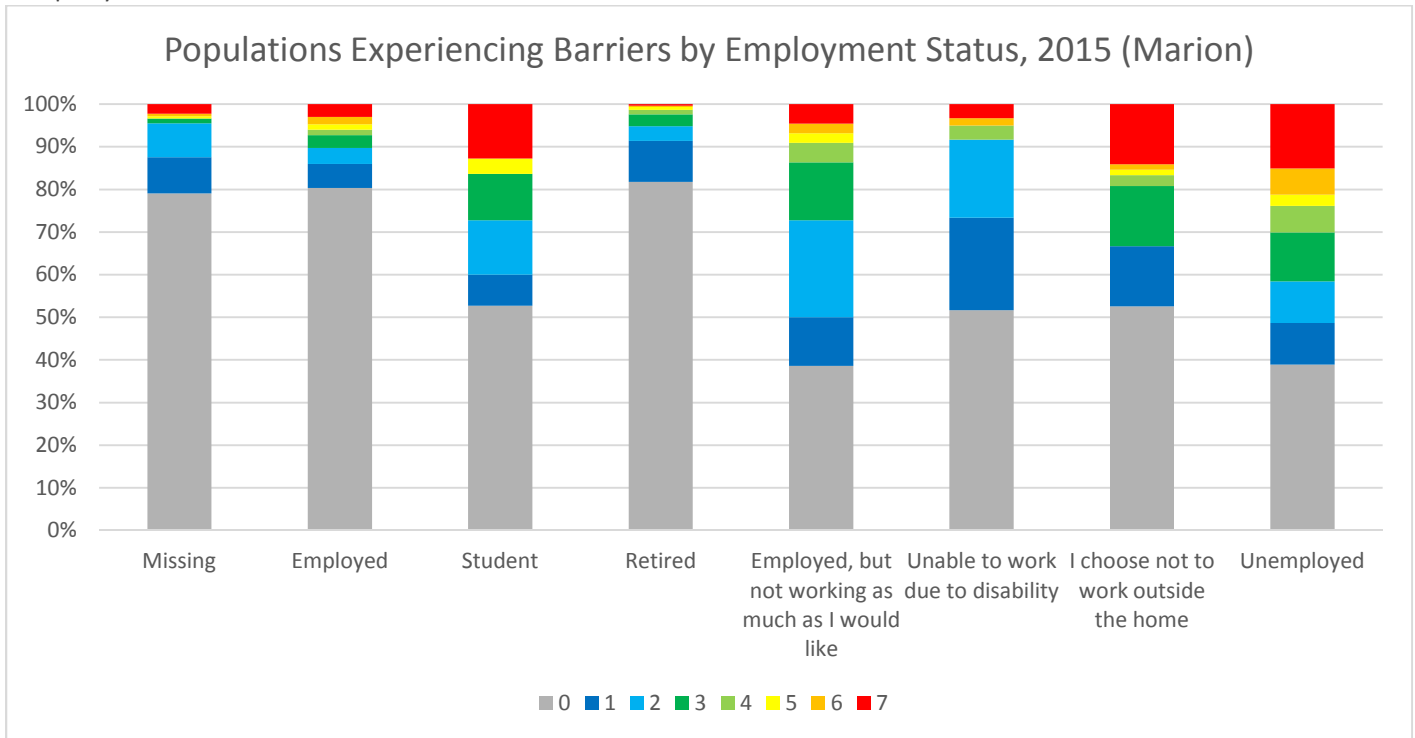
Education



The sample size in Polk County for “Did not complete high school” is smaller than 18 and may not be an accurate representation of the population



Employment Status



“Employed, but not working as much as I would like”, “Unable to work due to disability”, “I choose not to work outside the home”, and “Unemployed” for Polk County have sample sizes under 18 and may not be accurate representations of the population.

Priority Areas



Marion County Key Health Indicators, 2011	Polk County Key Health Indicators, 2011
<ul style="list-style-type: none"> • Adults who are obese* • Adults engaging in regular physical activity • Adults with asthma • Age-adjusted death rate due to colorectal cancer • Mothers who received Early Prenatal Care* • Pneumonia vaccination rate, ages 65+ • Teen fruit & vegetable consumption* • Teen pregnancy rate, females aged 15-17 yrs.* • Teens who engage in regular physical activity* • Teen who use marijuana* 	<ul style="list-style-type: none"> • Adults who are obese* • Teens who are obese* • Low-income preschool obesity* • Cancer screening • Mothers who received Early Prenatal Care • Poor mental health days • Adults who binge drink (males) • Teen pregnancy rate, females aged 15-17 yrs. • Teens who use marijuana
<p>* denotes indicators prioritized for intervention</p>	

In 2013 Marion County Public Health, Polk County Public Health and WVCH decided to align their Key Health Indicators. The four key indicators that were chosen are: Timely Access to Prenatal Care, Tobacco, Depression, and Obesity. In 2015/2016 the WVCH Community Advisory Council recommended to the board that housing be added to WVCH’s Key Indicators.

Prenatal Care

Importance of Prenatal Care

- Represents opportunity to treat conditions that impact pregnancy
- Time to educate mothers on pregnancy related issues
- Mothers who do not receive any prenatal care are three times more likely to deliver a low birth weight baby
- Infant mortality is five times higher for children who do not receive prenatal care

Biggest changes between 2013 & 2014

- For the first time since before 2008 the percent of women who accessed first trimester prenatal care decreased. This occurred in both counties and WVCH
- In Marion County, care increased in the 18-19 year old group but decreased in every other age group.
- In Marion County, care increased in the African American mothers and decreased in all other racial and ethnic groups.
- In Polk County, care increased in the 24 and under age groups and decreased in the mothers 25 and older.
- In Polk County, care increased in the African American and American Indian/Alaska Native mothers and decreased in all other racial and ethnic groups.

WVCH Barriers to Timely Prenatal Care

- Members may be assigned to primary care provider that does not offer prenatal care services. Finding an alternative provider contributes to delay
- Some clinics do not prioritize first trimester appointments
- Some clinics do not provide care until after the first trimester is completed

Member Barriers to Timely Prenatal Care

- Not knowing where to find prenatal care in the community
- Members might not know what constitutes “timely” prenatal care
- Signing up for OHP can be daunting for some
- Inability to take time off from work or school
- No childcare
- Not wanting others to know about pregnancy



Frequently Cited Reasons for Untimely Care³²

- I didn't have my Oregon Health Plan or Medicaid card (54.5%);
- I didn't have enough money or insurance to pay for my visits (50.5%);
- I couldn't get an appointment when I wanted one (41.9%);
- I didn't know I was pregnant (34%); and
- The doctor or my health plan would not start care as early as I wanted (30.8%).

Social and Logistical Barriers for Women

Women are less likely to receive care if they...

- Do not realize they are pregnant
- Are younger than 18
- Are unmarried
- Have less than a 12th grade education
- Are American Indian or Latino

WVCH Approach to Prenatal Care

- Providers receive financial incentives when their patients get prenatal care in the first trimester
- Auditing clinics to identify and address barriers to care
- WVCH contacts every member identified as pregnant to address issues such as:
 - Appointment scheduling
 - Transportation barriers
 - Substance abuse
- WVCH providers screen all women age 18-50 for their pregnancy intentions as a routine part of primary care.

One Key Question

- Asking women "Would you like to become pregnant in the next year?" starts a conversation about preventive reproductive health
 - If Yes: Patient is advised to take folic acid and given information on health conditions, medications, substances and behaviors that may adversely a pregnancy
 - If No: The provider offers contraception counseling with emphasis on the most effective methods

Public Health Approach to Prenatal Care

- Polk County
 - No prenatal care services at the health department
 - Maternity Case Management Program by referral from provider
 - Pregnancy test and prenatal vitamins
 - One Key Question (December 1, 2015)
- Marion County
 - Oregon Mothers Care
 - Maternity Case Management
 - Pregnancy Testing

Opportunities for Collaboration

³² Oregon Pregnancy Risk Assessment Monitoring System (PRAMS). 2011



- Conduct additional focus groups to identify barriers to prenatal care
- Craft consistent messaging to women and providers
- Assist women apply to WVCH
- Craft community standards

Tobacco

Physical Impact of Tobacco Use

- Tobacco use is the leading cause of preventable death and disease in Oregon and disproportionately affects Medicaid recipients
- Tobacco is one of the strongest risk factors for developing chronic disease
 - Asthma
 - Arthritis
 - Cancer
 - Cardiovascular Disease
 - Diabetes
- Among people with chronic diseases, those who smoke are more sick on average
- Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome, lower respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth
- Each year, tobacco use kills almost 7,000 Oregonians and secondhand smoke causes an additional 650 deaths

Tobacco Consumption and pregnancy

Adverse Pregnancy Outcomes

- Subfertility
- Reduction in birth weight
- Miscarriage
- Stillbirth
- Preterm premature rupture of membranes
- Placental abruption/placenta Previa
- Preterm delivery
- Congenital malformations
- Breastfeeding
- Postnatal morbidities

E-Cigarettes or Vaping

- The use of e-cigarettes in adults and adolescents has increased since 2010.
- E-cigarette devices consist of a cartridge containing a liquid, an atomizer (vaporization chamber with a heating element), and a battery.
- Across all brands, the main components in e-cigarette liquids are nicotine, propylene glycol or glycerol, and flavorings.
- The long-term health consequences of e-cigarette use are unknown.
- The safety and efficacy of e-cigarette use for smoking cessation is unknown.
- Public health concerns regarding e-cigarettes include their potential to increase youth initiation of tobacco products and to re-normalize tobacco use in places where cigarette smoking is not acceptable. Accidental nicotine poisoning in children has been reported. The health effects of second-hand vapor exposure are unknown
- Regulation for e-cigarettes varies worldwide and is changing.

Who is Using Tobacco?



Indicator	WVCH	Statewide OHP	Oregon Residents
Current Cigarette Smoker	22.7%	29.3%	16.2%
Current Tobacco Chewer	3%	3.6%	4%
Current E-cigarette Use	10.7%	12.5%	7.5%
Wants to Quit (Smokers)	74.8%	76.4%	68.1%
Attempted to Quit (last yr.)	61.7%	62.2%	58.2%

Current OHP Tobacco Users

Race/Ethnicity	
White	36.8%
African American	31.1%
American Indian/Alaska Native	41.1%
Asian (non-Pacific Islander)	14.1%
Pacific Islander	33.8%
Hispanic	9.9%

Economic Burden of Tobacco Use

- Tobacco use costs Oregonians more than \$2 billion annually in direct medical expenditures and lost productivity
- In Oregon, direct Medicaid costs related to smoking are an estimated \$287 million per year. This is equivalent to approximately 10 percent of total annual expenditures for Medicaid in Oregon.
- The total economic burden of tobacco use equals \$1,600 a year per Oregon household.

WVCH Approach to Tobacco Cessation

- Offer Comprehensive Cessation Benefits and Reduce Access Barriers
- Communicate and Promote Tobacco Cessation Benefit to all WVCH Members
- Support Delivery of Cessation Benefits by Providers
- Targeted outreach to high risk populations
- Integrate cessation activities across service areas (dental, physical, mental)
- Development of member and provider materials outlining benefits and community resources
- 40% increase in provider reimbursement for individual tobacco cessation counseling
- Expanded formulary to include all seven first-line approved medications:
 - Gum
 - Patch
 - Lozenge
 - Nasal Spray
 - Inhaler
 - Bupropion SR
 - Varenicline

Dental Integration & Tobacco Cessation

Capitol Dental Initiative

- Using 5As
- Prescribing NRT
- Referring to Oregon Tobacco Quit Line
- Referring back to PCP for 2 week follow-up.

Limitations to WVCH Impact & Activities

Limitations: Health System Perspective



- WVCH cannot systematically identify all tobacco users due to
 - Wide range of Electronic Medical Records in the community
 - Underutilization of tobacco dependence diagnosis
 - Lack of coordination between community and WVCH resources
- Difficulty securing provider buy-in
 - Providers express fatigue with competing CCO demands (incentive metrics etc.)
 - Inability to compensate for some best practices (i.e.. 5 A's)
 - Providers are not WVCH employees!
- Struggle balancing the need for access to services with adherence to best practices:
 - Mandating counseling coupled with pharmacotherapy vs a la cart approach
- Lack of influence over key drivers of tobacco use:
 - Public Policy
 - Education System

Limitations: Provider Perspective

- Difficulty coordinating with existing community resources
- Misconceptions regarding patients willingness to make a quit attempt
- Limited time with patients
 - Balancing tobacco cessation efforts while still addressing presenting condition (i.e. why they scheduled a visit to see the physician)

Tobacco Prevention & Education Program

History

- Oregon's Tobacco Prevention and Education Program (TPEP) works at the state and community level to support prevention and cessation.
- Public health departments serving Oregon's 36 counties and nine federally recognized tribes work at the policy level with local partners toward tobacco free worksites, public buildings, parks and other outdoor venues. Tobacco-free spaces encourage tobacco users to quit, protect people from secondhand smoke, and reduce youth initiation of tobacco through modeling healthy behaviors.

Limitations

- TPEP cannot do any advocacy work or influence decision makers.
- TPEP does not do direct cessation work like counseling or classes. We focus efforts on referral to Quit Line services and do education/ prevention work.
- TPEP cannot raise taxes on tobacco products. The only body that has the authority over taxes is the Oregon legislature.
- Limited funding vs. tobacco industry's budget of \$1million/per hour in advertising

Opportunities

- Comprehensive Quit Line benefits
 - TPEP works with businesses to increase their coverage of Quit Line services for employees to make it easier to quit smoking
- Automatic referrals/access to Quit Line
 - TPEP can help coordinate with CCO, clinics, and providers to set up automatic referral for systematic referral of clients to make successful quit attempts
- Tobacco free properties
 - TPEP provides technical assistance to any business or property looking to go tobacco-free
- Support for legislative efforts



- Since TPEP cannot advocate for policy, the CCO can become an essential part of policy change efforts by writing letters of support, op eds, and providing expert medical testimony as appropriate

Examples of Jurisdiction Policies

Marion County

- Tobacco-Free Marion County properties
- Smoke and tobacco-free City of Salem & City of Stayton parks
- Tobacco-Free Volcanoes Stadium
- Silverton Sale, Use and Possession prohibition of e-cigarettes to minors
- Willamette University & Chemeketa CC Smoke free campuses

Polk County

- Tobacco-Free Polk County Health Department
- Smoke free Dallas, Independence & Salem parks
- Smoke free Dallas school bus stops
- Western Oregon University tobacco-free & Chemeketa Community College smoke free campuses

Opportunities for Collaboration

- Improving tobacco cessation referral network
 - Integrating Oregon Tobacco Quit Line resources with electronic medical records
 - Increasing marketing of WVCH tobacco cessation coverage/services
 - Collaborating with Corrections to refer outgoing youth and adults to services
- Establishing more tobacco free healthcare spaces
 - Preparing toolkit explaining process & benefits
 - Using early adopters as references
 - Providing clean air and changing norms

Depression

Components of the 2013/2014 CHIP Strategy

Improve collaboration between physical health and behavioral health providers

1. Train physical health providers to address depression

- Completed PCP survey and reviewed results with CAC
- Developed list of low cost resources for behavioral activation
- Designed poster
- CAP recommended delivery via webinar – either on-demand or at clinic physical education meetings
- Working with OHA Transformation Center to develop webinar

2. Increase the percentage of patients screened for depression

- CCO Incentive Metric requires all patients 12+ to receive a depression screen and follow-up (if positive)
- 9.6% WVCH members had screening and follow-up in 2014 (3rd lowest amongst all CCO's)
- Difficulty documenting screens in EMR contributes to low rate
- Extended use and documentation of PHQ2 is intended to increase future rates

3. Increase communication between physical and behavioral health providers



- Collaborative gathering in August
- 65 participants from 24 organizations
- Outlined and prioritized info to be shared
- Guidelines developed by MVBCN and shared
- WVP, MVBCN, PHTech developed method to use CIM to convey information
- WVP obtained Transformation Grant to add 2 Access Coordinators to assist with PCP referrals to behavioral health
- PCP pilot clinics to launch in March
- MVBCN providing on-site training for PCPCH staff on mental health resources and referral processes – including poster

4. Coordinate services to address suicide prevention

- BCN began implementing new evidence-based intervention in 2013: ***Collaborative Assessment and Management of Suicidality***
- Extensive training of staff (mental health, chemical dependency, behaviorists in primary care, hospital ED)
- Policies and protocols to ensure implementation in all agencies
- Access to next day appointments at Psychiatric Crisis Center for people referred from hospitals, behaviorists, screeners
- Provided 827 CAMS sessions in 2015

5. Increase availability of mental health services at medical clinics

- 17 Behavioral Health Consultants + 10 PhD interns in clinics
- Two medical systems (Silverton Health, NWHS) incorporate specialty MH services
- Applications now open for additional contracts including for medical clinics – in conversation now with 2 more clinics
- Psychiatrist piloting consultation in two medical clinics
- MVBCN will contract with medical clinics which add psychiatric medication providers
- Bridgeway Recovery Services added medical clinic
- Continuing to explore other options to address shortage of psychiatric prescribers

Obesity

OHP Demographics

- Medicaid members are more overweight, obese and morbidly obese than the general adult population in Oregon. (MBRFSS 2014).
- Minority populations on the Oregon Health Plan are more likely to report being overweight or obese. (MBRFSS 2014).

WVCH Demographics

- WVCH has the highest percent of members who are overweight or obese (71.3%). (MBRFSS 2014)
- WVCH members have the highest reported daily consumption of sugar-sweetened beverages of all CCO's (33%). (MBRFSS 2014)
- WVCH members are less likely to get physical activity outside of work in comparison to other OHP members. (MBRFSS 2014).

Healthy Living Program

- **Executive Summary:** WVCH members face tremendous barriers in adopting a healthy lifestyle, including the compounding effect of poverty can be layered upon lack of transportation, low health literacy, increased incidence of trauma and toxic stress which contribute to a rising risk for chronic mental and physical health conditions, including obesity.
- WVP Lifestyle Management collaborative and coordinated approach bridges public health, public housing, non-profits, and government programs providing social support services, with medical and behavioral health providers and hospitals to reach WVCH members with our services. 2015 saw a 30% increase in reaching WVCH members compared to 2014.



- Increase WVCH member engagement.
- Intervene earlier in the lifespan in members at high risk for chronic disease co-morbidities.
- Increase access and utilization of evidence based self-management programs proven to improve patient activation.
- Impact clinical health metrics, of which obesity is a prime indicator (A1C,Blood pressure)

Recommendations to Engage Members of the Oregon Health Plan: Oregon Health Authority, Nov. 2013

- ***Strategy 1:*** OHP Members provide information to providers and the OHA about how to effectively address barriers to individuals and family engagement & improve the health system: **WVCH Action- SMP Peer Leaders participate in WVCH Obesity CAP Workgroup & Lifestyle Management Peer Leader Focus Group.**
- ***Strategy 3:*** Leverage resources that support evidence based best practices for family centered engagement and activation in health and healthcare. **WVCH Action- WVCH members who have completed workshops are invited to become trained leaders if they demonstrate self- management. We currently have 5 member leaders.**
- ***Strategy 4:*** Create opportunities across all levels of the health care system to support OHP members as integral partners in Oregon's Health System Transformation. **WVCH Action- WVCH members participate in the CAC, CAP, and assist in direct program delivery of Living Well programs in clinic and community settings.**

Recommendation 2016-2017

- Healthy Living promotes a community wide effort to involve WVCH enrollees in healthy lifestyle activities.
- Healthy Weight promotes a new clinic for treating overweight (BMI > 25) WVCH patients.

Healthy Living

Available to all WVCH members at no cost.

Evidence based peer led programs:

- Stanford CDSMP/DSMP/CPSMP
- Walk with Ease
- Tomando de su Salud/Diabetes
- Coming Soon: Freedom from Smoking

Evidence based professional programs:

- Jump Start a Healthy Weight
- Healthy Families
- Teen Dietitian Group Class
- Coming Soon: National Diabetes Prevention Program & Raising the Bar

Community Support:

- Marion County CHIP
- Polk County CHIP
- Salem Health Diabetes Collaborative
- Area Head Start Wellness Committee
- Just Walk Salem Keizer
- Neighborhood Associations and Community Progress Teams
- 5210 Challenge in schools, worksites, and medical clinics
- Oregon State Extension Food Hero and Nutrition Education

"2013 weight management guidelines from The Obesity Society, the American Heart Association, and the American College of Cardiology state that obese patients should be referred to high-intensity, comprehensive lifestyle



interventions which include a moderately reduced-calorie diet; increased exercise; and use of behavioral strategies to ensure adherence to the program.” – Consultant Live February 18, 2016

WVP Weight Management Clinic

- Primary Care Providers identify adults with a BMI > 25 for Healthy Weight intervention.
- Patients with unhealthy weights referred to WVP Weight Management Clinic
 - BMI 25-29 receive healthy lifestyle intervention (DDP/CDSMP/WWE)
 - BMI > 30 (> 25 with co-morbidities) receive MD directed weight loss intervention.
 - Weight loss includes both individual and group interventions followed by maintenance for one year.
 - Scope of treatment dependent on patient need and includes individualized meal patterns, activity goals, and behavioral health components.
- MD monitors results every 2 months (weight loss and retention rates), follow-up with referring physician/provider.

Healthy Weight

- Goal 5-10% weight loss and 50% one year completion rate.
- Measure weight loss, participation rates, life style change, and patient satisfaction.
- Integrates existing WVP Lifestyle Management services with additional medical support necessary to provide intensive intervention for WVCH members with obesity.

Housing

In 2015 WVCH's Community Advisory Council recommended to the board that housing be added as a fifth health issue for WVCH to address. The Oregon Health Authority (OHA) is currently in the process of extending its waiver with Centers for Medicare & Medicaid Services (CMS). There are multiple proposals in the waiver that would help CCOs across Oregon to better assist people struggling in the housing market.

