

Marion County Community Health Improvement Plan

January 2016 – December 2018

April, 2018 Update



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Overview

Marion County compares poorly with other Oregon counties when we look at rates for adult obesity, early prenatal care, depression, smoking, teen pregnancy, and a variety of other health indicators. Each of these issues has multiple causes and cannot be “fixed” by one organization. In response, Marion County Health Department convened the Marion County Community Health Improvement Partnership (CHIP) in 2011. The partnership brings the health department, local hospital systems, and other community partners together to collectively impact health issues as prioritized by the community. The first CHIP plan ran from January 2012 through December 2015. This document outlines the 2016-2018 plan which was developed after the completion of a 2015 community health assessment, and provides a roadmap for community work primarily around the issues of obesity, access to early prenatal care, tobacco prevention, and depression.

CHIP Vision:

All people in Marion County will live, work, play, and learn in communities that support health and an optimal quality of life.

CHIP Mission: To maintain a partnership that achieves collective impact on improving the health of our community through

- Oversight and monitoring of a county-wide strategic action plan
- Promotion of community and organizational policies to improve CHIP health priorities
- Coordination with priority-specific workgroups convened by CHIP or other community partners

CHIP 2016-2018 Process

Lessons learned from the 2012-2015 CHIP experience- The 2012-2015 CHIP structure included workgroups in four regions of the county to address health improvement priorities including, adult obesity and the contributing factors of adult physical activity, teen physical activity and teen fruit and vegetable consumption; teen pregnancy, access to early prenatal care and teen marijuana use. The regional groups met twice yearly in Salem, Silverton, Stayton and Woodburn to discuss strategies and progress on all priorities. Three primary challenges presented by this structure included: 1. It was difficult for a group to focus on so many issues and still gain true collective impact that would result in improvement on the issues; 2. regions had varying level of interest in participating in the workgroup. While an attempt was made to

bring discussions to other community groups, competing priorities for agenda time limited the effectiveness of this strategy. 3. A regional approach was resource-intensive for MCHD to maintain. Moving forward, it was decided to have all-county workgroups focus on priority issues, rather than regional groups focusing on multiple issues.

The impact of the Oregon approach to affordable care- Willamette Valley Community Health (WVCH), the coordinated care organization serving Medicaid members living in Marion and Polk counties held the first meeting of the Community Advisory Council (CAC) on 12/18/2012. Under Oregon law, the CAC is responsible to oversee the development and implementation of a community health improvement plan for WVCH members. When the first plan was developed in 2014, it included three of the Marion county CHIP priorities of obesity, access to prenatal care and tobacco prevention, and added depression as a fourth priority.

Because of the close working relationship between the health departments in Marion and Polk counties and Willamette Valley Community Health, and because each organization is required to develop and implement a community health improvement plan, leadership of each organization recognized the value of aligning priorities of the three plans to the extent possible.

Community Health Assessment 2015- Marion County Health Department convened a steering committee comprised of representatives from organizations serving Marion and Polk counties which also have a need to use community health assessment data. The organizations represented included: Community Action Agency, Early Learning Hub, Marion County Public and Behavioral Health, Oregon State University Extension, Polk County Public Health, Salem Health, Santiam Hospital, Silverton Health, Kaiser Permanente, United Way, Willamette Valley Community Health Community Advisory Council, and WVP Health Authority. The MAPP model, also known as Mobilizing Action for Planning and Partnerships was followed to conduct the assessment. On surveying community members and partner agencies, the top four health issues in Marion County were mental health, maternal child health, community prevention activities, and substance abuse. These issues aligned well with the Willamette Valley Community Health priorities of obesity, access to prenatal care, tobacco prevention, and depression. For more information about the 2015 assessment or other Marion county assessment reports see: <http://www.co.marion.or.us/HLT/communityassessments>

Community Health Improvement Plan development: It was decided to take these same priorities (obesity, prenatal care, tobacco and depression) to community forums for further discussion by community members and other community partners. Forums were held at Stayton, Salem and Woodburn to present assessment data and gather input about the four priorities including assets/resources and gaps. After the forums, the steering committee developed goal statements.

CHIP goals:

1. To reduce the proportion of Marion County adults who are obese to reach the Healthy People 2020 goal of <30%.
2. To increase the proportion of Marion County women receiving early prenatal care
3. To reduce the percentage of adults who smoke cigarettes
4. To increase the number of adults in Marion County that have had no poor mental health in the past 30 days to great than 70% and to decrease the proportion of suicides in Marion County to meet or exceed the Healthy People goal of < 10.2 suicides per 100,000.

After reviewing community forum input about assets/resources and gaps the steering committee identified policy work that would help improve the health priorities.

Obesity:

<p><u>Gaps</u></p> <ol style="list-style-type: none"> 1. Lack of community education about resources 2. Primary care does not share information 3. Low community resource exchange 4. Parenting classes with health components 	<p><u>Assets/Resources</u></p> <ol style="list-style-type: none"> 1. SNAP cookbook 2. OSU Extension 3. CHEC Center 4. YMCA 5. Boys and Girls Club 6. Vroom App. 7. Marion Polk Food share 8. Afterschool program/garden
<p><u>Policies needed</u></p> <ol style="list-style-type: none"> 1. Policy regarding healthy eating in schools 2. Policy work around built environment 	

Access to prenatal care:

<p><u>Gaps</u></p> <ol style="list-style-type: none"> 1. Lack of community education 2. Length of time to see the doctor 3. Transportation 4. Stigma around pregnancy 5. Not all doctors have the same procedure in regards to prenatal care. 6. Lack of and busy providers 	<p><u>Assets/Resources</u></p> <ol style="list-style-type: none"> 1. One Key Question
<p><u>Policies needed</u></p> <ol style="list-style-type: none"> 1. Pre-natal health curriculum in schools 2. Continuity in treatment of prenatal care across all doctors 	

Tobacco prevention:

<p><u>Gaps</u></p> <ol style="list-style-type: none"> 1. Lack of data about teen use of e-cigarettes 2. Lack of data about non cigarette tobacco use 3. Engagement by providers to stop patients from smoking 5. The majority of the cities/towns do not have tobacco retail licensure 	<p><u>Assets/Resources</u></p> <ol style="list-style-type: none"> 1. Smoke free workplace policies 2. Indoor Clean Air Act 3. State Insurance supports pharmacological quit methods 4. Freedom from Smoking and other cessation classes
<p><u>Policies Needed</u></p> <ol style="list-style-type: none"> 1. Tobacco retail licensure (TRL) policies 2. Outdoor smoking policies 	

Depression:

<p><u>Gaps</u></p> <ol style="list-style-type: none"> 1. Lack of knowledge between the food/depression link 2. Poor tracking of depression 3. Poor pediatrician training in depression 4. Stigma about depression 5. Seniors not seeking treatment for depression 6. Awareness Campaigns about depression 	<p><u>Assets/Resources</u></p> <ol style="list-style-type: none"> 1. Salem for all (List of resources by CCO) 2. QPR (Suicide prevent program) 3. CCO now has a mental health coordinator
<p><u>Policies needed</u></p> <ol style="list-style-type: none"> 1. Policy regarding collection data about depression 2. Policy to ensure pediatricians are trained in depression 	

Membership:

The Community Health Improvement Partnership welcomes new members interested in joining the collaborative efforts to improve the health of Marion County. For more information about how to join or to attend a meeting, email Marion County Health Department at health@co.marion.or.us.

Strategies to impact the four goals:

An action plan of strategies and interventions underway in Marion County to address the four health priorities are outlined in a CHIP action plan. The latest version of the action plan can be found on-line at: <http://www.co.marion.or.us/HLT/chip/Pages/default.aspx>

Data tracking by goal:

Each of the following tables was updated with the latest data available as of April 2018.

Goal 1	To reduce the proportion of Marion County adults who are obese to meet or exceed the Healthy People 2020 goal of 30.6%.					
Oregon Context	This measure links to the Oregon Chronic Disease Prevention and Health Promotion Program 5-year (2012-2017) strategic plan objective to slow the rise of obesity prevalence so that less than 30% of Oregon adults will be obese by 2017. It also links to the Oregon Health Improvement Plan goal to Prevent chronic diseases by reducing obesity prevalence, tobacco use and alcohol abuse. It links to the Oregon Health Authority five year goal to make Oregon one of the healthiest states.					
National Context	Healthy People 2020 objective: 30.6% This measure links to the following National Prevention Strategy and priority: <ul style="list-style-type: none"> ▪ Strategy: Empowered People ▪ Priorities: Healthy Eating, Active Living 					
CCO Measure	Aligns with Willamette Valley Community Health long-term goal to reduce the proportion of adults and teen in Marion and Polk Counties who are obese by 3% by 2020					
Data Source	Oregon Health Authority public.health.oregon.gov Public Health > Birth and Death Certificates > Surveys > Adult Behavior Risk (BRFSS) > Results by County					
Measure	Percent of adults who are obese (%) (Age-adjusted)					
Data	2002-2005	2004-2007	2006-2009	2008-2011	2010-2013	2012-2015
Marion Actual	25.1%*	28.3%*	28.6%	28.0%	32.7%**	33.8%**
Oregon Actual*	21.9%*	24.3%*	24.5%	24.8%	25.9%**	27.1%**
Oregon Target	-	-	-	<30%	<30%	<30%

* Oregon values for 2002-2005 and 2004-2007 were calculated by using the mid-point value for the time period per recommendation of OHA Center for Health Statistics

** Beginning in 2010-2013 a new methodology was developed to calculate this measure and it is therefore not comparable to previous estimates that utilized the old method. Estimates before 2010 -2013 are likely an underestimate of what was actually occurring in the population of interest.

Goal 2	To increase proportion of Marion county women receiving early prenatal (1st trimester) care to meet or exceed the Healthy People 2020 goal of 77.9%.								
Oregon Context	This measure links to the Oregon Health Improvement plan strategy to target resources to improve child and student health (birth through higher education) to support improved education outcomes. It also links to the Oregon Benchmark #40 Prenatal Care								
National Context	<p>Healthy People 2020 objective: 77.9%</p> <p>This measure links to the following National Prevention Strategy and priority:</p> <ul style="list-style-type: none"> ▪ Strategy: Elimination of health disparities <p>Priority: Reproductive and sexual health</p>								
CCO Measure	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> • Rate 1: Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. • Rate 2: Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. 								
Data Source	<p>Oregon health Authority public.health.oregon.gov</p> <p>Public Health > Birth and Death Certificates > Vital Statistics > Birth > Perinatal Trends</p>								
Measure	Percent of pregnant women receiving early prenatal care (%)								
Data	2008	2009	2010	2011	2012	2013	2014	2015	2016
Marion Actual	63.9%	67.5%	70.8%	73.2%	75.4%	75.4%	73.9%	74.6%	75.1%
Oregon Actual	72.9%	74.0%	75.6%	76.9%	78.0%	77.9%	77.5%	79.0%	79.8%
Oregon Target	-	-	-	-	-	-	-	-	-

Goal 3	To reduce the percentage of Marion county adults who smoke cigarettes to meet or exceed the Healthy People 2020 goal of 12.0%.					
Oregon Context	Oregon Chronic Disease Prevention and Health Promotion Plan 2012-2017 aims for smoking prevalence among Oregon adults to be less than 18% by 2017. ¹					
National Context	Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12.0%. (2010 baseline was 20%)					
CCO Measure	Medical assistance with smoking and tobacco use cessation Component 1: Percentage of adult tobacco users advised to quit by their doctor. Component 2: Percentage of adult tobacco users whose doctor discussed or recommended medications to quit smoking.					
Data Source	Oregon Behavioral Risk Factor Surveillance System (BRFSS) http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx					
Measure	Percent of adults who are current cigarette smokers (%)(Age-adjusted)					
Data	2002-2005	2004-2007	2006-2009	2008-2011	2010-2013	2012-2015
Marion Actual	20.6%	17.2%	15.5%	14.4%	19.0%**	16.5%**
Oregon Actual	20.4%	18.7%	17.1%	16.3%	19.0%**	17.9%**
Oregon Target	-	-	-	-	<18%	<18%

** Beginning in 2010-2013 a new methodology was developed to calculate this measure and it is therefore not comparable to previous estimates that utilized the old method. Estimates before 2010 - 2013 are likely an underestimate of what was actually occurring in the population of interest.

¹ <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/hpcdp-strategic-plan.pdf>

Goal 4	<p>1) To decrease the proportion of suicides in Marion County to meet or exceed the Healthy People 2020 goal of less than 10.2 suicides per 100,000.</p> <p>2) To increase the percent of adults in Marion County that have had no poor mental health in the past 30 days to greater than 70.0%.</p>						
Oregon Context	<p>State Health Improvement Plan targets: Suicide rate : 17.6 per 100,000 (baseline) 16.0 per 100,000 Suicide attempts among 8th graders : 7.0%</p>						
National Context	<p>Healthy People 2020 national target is <10.2 suicides per 100,000</p>						
CCO Measure	<p>Willamette Valley Community Health Outcome measure – Increase the percent of primary care physicians screening for depression</p>						
Data Source	<p>Behavioral Risk Factor Surveillance System (BRFSS) http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx Oregon Public Health Assessment Tool (OPHAT) https://ophat.public.health.oregon.gov Student Wellness Survey (SWS) https://oregon.pridesurveys.com/counties.php?</p>						
Measure	<p>Suicide mortality rate per 100,000 (Age-adjusted)</p>						
Data	2010	2011	2012	2013	2014	2015	2016
Marion Actual	16.1	12.8	17.7	10.4	11.8	15.7	16.0
Oregon Actual	17.1	16.2	17.6	16.8	18.6	17.8	17.8

^ Oregon Public Health Assessment Tool (OPHAT) <https://ophat.public.health.oregon.gov>

Measure	<p>Percent of adults who've had no poor mental health in past 30 days (%)(Age-adjusted)</p>					
Data	2002-2005	2004-2007	2006-2009	2008-2011	2010-2013	2012-2015
Marion Actual	64.1%	66.4%	68.6%	66.7%	60.3%**	60.9%**
Oregon Actual	61.5%	63.8%	66.4%	64.7%	59.8%**	58.0%**

^ Behavioral Risk Factor Surveillance System (BRFSS)

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx>

** Beginning in 2010-2013 a new methodology was developed to calculate these measures, which are not comparable to estimates obtained from previous years.

Measure	Percent of 8 th graders attempting suicide in last 12 months (%)					
Data	2009-2010	2011-2012	2013-2014	2015-2016		
Marion Actual	9.1%	6.8%	10.2%	10.4%		
Oregon Actual	9.0%	8.0%	9.9%	9.4%		

^ Student Wellness Survey (SWS) <https://oregon.pridesurveys.com/counties.php?>

Measure	Percent of adults with depression (Age-adjusted)					
Data	2010-2013	2012-2015				
Marion Actual	27.0%	26.5%				
Oregon Actual	24.8%	25.2%				

^ Behavioral Risk Factor Surveillance System (BRFSS) <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/Pages/index.aspx>
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