Marion-Polk Forces of Change Assessment (2018)

Assessment background

This profile is one of four parts of the 2018 Community Health Assessment (CHA) for Marion and Polk County. It builds upon our previous CHA and provides an opportunity to discuss factors, trends and events that impact community health with our community and business leaders. Our community uses the Mobilization for Action through Planning and Partnerships (MAPP) framework; a collaborative process that uses the CHA to identify and target areas for improvement, which are addressed in a Community Health Improvement Plan (CHIP). This document provides a summary of key themes that rose to the top when we asked our community and business leaders to discuss what forces of change they have seen over the past 5 years and what forces they anticipate in the next 5 years that should be considered within the development of community health improvement plan strategies.

Assessment components

This assessment consisted of a survey and a follow up discussion of the summary of survey responses with the participants. The survey was distributed to the Community Health Assessment Steering Committee, the Polk County Health Advisory Board, The Early Learning Hub Board, the Willamette Valley Community Health Transformation and Quality Committee and the Willamette Valley Community Health board. Collectively this distribution included representation from a wide variety of community health and business leaders. We then presented survey summary findings and led a series of discussions within these groups to further refine and build upon the findings of the survey. *It's important to note that the data collected in this report is based on the perceptions of participants and may not accurately reflect the current status of our community or what might actually happen in the future.*

Overall Results

Responses and subsequent discussions centered around 4 main topic areas:
political/social environment, healthcare environment, population health, and social determinants of health.
Within these 4 broad topic areas there were 5 forces that rose to the top:

Housing

Education

Substance Use

Adverse Childhood Experiences

CC0 2.0

🏠 Unmet Housing Need

Unmet housing need was the most commonly referenced social determinant. More specifically, the low inventory of affordable housing and the increase in housing costs both for home rentals and home ownership was identified. Additionally the lack of affordable housing specifically for young families in our community and the lack in availability of family shelters was identified. There are many threats associated with unmet housing. Looking at this force from the community health perspective, unmet housing need poses a significant threat to overall health outcomes for members of our community.

Threats

- Increase in nonhoused adults and children
- Increase in homelessness
- Continued and increased poverty
- Unsafe environment for nonhoused
- Increased risk for sanitation related disease
- Decreased ability to earn and retain employment
- Poorer health outcomes for this population
- Increased health associated costs, utilization of high cost services
- Bureaucracy to current available housing
- Decrease in medication compliance
- Increased acceptance of substandard housing conditions (mold)
- Difficulty accessing available public funds for housing
- Lack of living wage jobs

Opportunities

- Mixed use/mixed income development
- City council engagement to promote project with construction companies
- State level focus area
- Integration efforts between housing and healthcare
- Post office box programs to maintain ability to receive mail
- Emergency Dept integrated peer mentors

Unmet Education Need

Lack of funding for public education was also identified as an important force and ongoing trend. Some of the potential impacts of this trend include changes in school policy around class sizes, reduced public school enrollment, reduced high school graduation rates, subsequent reduced potential earnings and pervasive poverty in our community.

Threats

- Decreased funding
- Increased class sizes
- Decreased graduation rates
- Continued and increased poverty/cyclical poverty
- Poorer health outcomes for this population
- Lack of resources outside of school
- Decreased health literacy rates
- Undereducated population has downstream effects on social security for elderly population
- Decreased access to special education/special services
- Increased absenteeism
- Increased behavioral health issues within classroom that go unaddressed

Opportunities

- Investment, pathways to higher education
- Technical career education pathways
- Vocational training programs
- Targeted outreach to absentees
- Improve performance metrics for teachers
- Parent education that includes interpretation services
- Investment in stronger early childhood education system
- Early childhood education efforts around utilizing healthcare
- Healthcare education could be sent home with kids for distribution
- School based health centers

💉 Substance Abuse

Increases in substance abuse was identified as a significant and problematic health trend facing our community. More specifically street opioids and meth abuse is believed to be on the rise. Additionally there is concern that the health system's capacity to provide substance abuse is inadequate, and that there remains unmet substance use treatment need.

Threats

- Results in trauma for whole families
- Lack of access to treatment
- Inpatient beds not ready when someone ready for recovery
- Increased criminal activity in the community
- Increased utilization of police, incarceration, judicial system
- Continued and increased poverty
- Increase in chronic disease
- Increased risk for engaging in risky behavior
- Increased risk for infectious disease
- Poorer health outcomes for this population

Opportunities

- Expansion of medication assisted treatment services in rural areas
- Expansion of inpatient and outpatient detox services
- Increased use of peer mentors
- Increase access to medication assisted treatment services within primary care and the medical home
- Improve rates of screening for substance abuse and referral to treatment
- LEAD program

Adverse Childhood Experiences

Adverse childhood experiences and childhood trauma significantly increase the risk for substance abuse, chronic disease and poor health outcomes and was one of the most commonly identified forces. Experiences that are commonly considered in assessing the level of adversity a child has experienced include exposure to domestic violence, sexual abuse, physical or verbal abuse, neglect, substance abuse, mental illness and incarceration of a parent. In addition to individual level administered surveys to measure adversity, recent developments by the Oregon Health Authority and the Oregon Pediatric Improvement Partnership now allow for approximation of social complexity for every child covered under the Oregon Health Plan using social services utilization and engagement data.

Threats

- Lack of access to mental health services
- Lack of community understanding/education of overall impact on health
- Increase in likelihood of substance abuse for this population
- Increase of incidence of chronic diseases for this population
- Continued and increased poverty
- Poorer health outcomes for this population
- Increase in behavioral health diagnoses/issues

Opportunities

- Health quality metrics around adverse childhood experiences
- Trauma informed care training
- Mentoring for those without role models
- Increase mental health access
- Development of system level programs to manage children with social complexity
- Community awareness

CCO 2.0

The most common overall force referenced was the currently shifting healthcare environment and the pending redesign of the Oregon Health Plan administrative contract, referred to as CCO 2.0. The potential impacts of the redesign are broad, including the introduction of new coordinated care organizations into the community, changes in the funding allocated for community health improvement projects, and new requirements around the community health assessment process as well as requirements around the investment in areas related to social determinants of health.

Threats

- Multiple payers in our community could create more fractured coordination of care in our region
- Increase or decrease in funding for mental health system and mental health supports
- Increase of population without adequate access to care
- Disruption
- Fracturing of current stakeholders
- Gaps in continuity of care, processes, services, providers, etc.
- Innovated programs going stagnant with transitions

Opportunities

- Health quality metrics around social outcomes/determinants
- Increased care coordination amongst partners
- Decreased overhead expense/streamline functioning
- Re-evaluation of the future or coordinated care, what's working, what isn't
- New partnerships
- Opportunity to create a more cohesive system
- Behavioral health integration focus