

COLUMBIA PACIFIC COORDINATED CARE ORGANIZATION

CPCCO CHIP Annual Update



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Columbia Pacific CCO Overview

Introduction

In 2013-2014 Columbia Pacific Coordinated Care Organization (CPCCO) brought together stakeholders from diverse sectors to give advice on, and direction for, creating a community health improvement plan. After the planning process, a regional community advisory council chose three health priorities that CPCCO would focus on to support the improvement of health outcomes in the CPCCO service region through 2019. The long-term goal of the CHIP is to create opportunities for shared ownership of the health of the community between the CCO, hospitals, public health agencies, behavioral health agencies and other local stakeholders including natural supports. This collaboration offers the opportunity to mobilize and leverage resources to achieve measurable and sustainable improvements in health status and quality of life for the region as a whole. The health priority areas are; Obesity, Mental Health and Substance Abuse.

Below is the rolling language and ethnic information on CPCCO members from claims records as of April 2016, broken down by county, race, ethnicity, and age.

(Columbia Pacific Coordinated Care Organization, 2016)

Race/Ethnicity with Age Breakdown					
Race/Ethnicity	Clatsop County	Columbia County	Tillamook County	N/A	Grand Total
Unknown	1153	1280	724	26	3183
0-17	285	371	202	2	860
18+	868	909	522	24	2323
American Indian or Alaskan Native	60	93	47	2	202
0-17	27	42	23	1	93
18+	33	51	24	1	109
Asian or Pacific Islander	89	59	60	0	208
0-17	38	23	19	0	80
18+	51	36	41	0	128
Black or African American	54	92	37	1	184
0-17	26	48	22	1	97
18+	28	44	15	0	87
Caucasian	6122	7593	3963	133	17811
0-17	2051	2793	1332	49	6225
18+	4071	4800	2631	84	1156
Hispanic	1154	648	903	10	2715
0-17	742	338	614	5	1699
18+	412	310	289	5	1016
Native Hawaiian	8	9	12	0	29
0-17	4	2	4	0	10
18+	4	7	8	0	19
Other Race or Ethnicity	170	176	123	1	470
0-17	47	66	49	0	162
18+	123	110	74	1	308
Grand Total	8810	9950	5689	173	24802

Language w/ Age Breakdown					
Language	Clatsop County	Columbia County	Tillamook County	N/A	Grand Total
Cantonese	1	0	2	0	3
0-17	0	0	0	0	0
18+	1	0	2	0	3
Mandarin	3	0	0	0	3
0-17	2	0	0	0	2
18+	1	0	0	0	1
English	6698	7937	4336	162	19133
0-17	2282	2946	1522	56	6806
18+	4416	4991	2814	106	12327
Gujarati	0	0	2	0	2
0-17	0	0	0	0	0
18+	0	0	2	0	2
Nepali	5	0	0	0	5
0-17	4	0	0	0	4
18+	1	0	0	0	1
Punjabi	0	1	0	0	1
0-17	0	0	0	0	0
18+	0	1	0	0	1
Russian	0	0	0	1	1
0-17	0	0	0	0	0
18+	0	0	0	1	1
Spanish	440	92	386	1	919
0-17	359	67	322	0	748
18+	81	25	64	1	171
Undetermined	1662	1920	1143	9	4734
0-17	573	670	421	2	1666
18+	1089	1250	722	7	3068
Vietnamese	1	0	0	0	1
0-17	0	0	0	0	0
18+	1	0	0	0	1
Grand Totals	8810	9950	5869	173	24802

(Columbia Pacific Coordinated Care Organization, 2016)

County Health Rankings

Using data from County Health Rankings as a baseline to measure work towards our health priorities and associated goals, the following document is an update on the activities CPCCO has collaboratively engaged in to work towards improving the identified health outcomes from June 2015 to June 2016.

The following data summary of health and wellbeing is derived from a population health model that emphasizes the many factors that, if improved, can help to make communities healthy places to live, learn, work and play.

The Robert Wood Johnson Foundation (RWJ) sponsors County Health Rankings. By using multiple data sources, such as the National Vital Statistics System (NVSS), Behavioral Risk Factor Surveillance System (BRFSS) and the American Community Survey, County Health Rankings provides data at the county level regarding health outcomes and the factors that create health. The majority of the 2014 data was compiled from 2008-2010 data sets. The 2015 data is from 2010-2012. The 2016 data is from 2011-2013.

Health Outcomes

RWJ County Health Rankings reports that Oregon ranks number 20 out of the 52 states for health outcomes and the factors that support the improvement of health outcomes and wellbeing. The following tables show by ranking the indicators that assess these measures for the whole community of counties in the CPCCO service area.

Rank of 36 Counties	Overall Health Rank			Length of Life			Quality of Life		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
County/Year									
Clatsop	15	24	27	16	25	32	11	16	13
Columbia	17	20	10	15	14	18	26	29	8
Tillamook	23	23	26	21	21	22	25	19	29

(County Health Rankings, 2014:2015:2016)

Data used to determine health outcome rankings: Years of potential life lost before age 75, percentage of adults reporting fair or poor health, average number of physically unhealthy days reported in past 30 days, average number of mentally unhealthy days reported in past 30 days, percentage of live births with low birthweight.

Individual Wellbeing

CHIP priority health improvement areas are influenced by access and quality of healthcare in clinical settings and by the factors that create health in an individual’s life outside of the primary care provider’s office such as how easy it is to have healthy behaviors and the environment in which a person lives.

Overall Rank of 36 Counties	Clinical Care			Health Behaviors			Socio-Economic Factors			Physical Environment		
	2014	2015	2016	2014	2015	2016	2014	2015	2016	2014	2015	2016
County/Year												
Clatsop	29	30	28	13	12	18	10	8	6	26	32	32
Columbia	19	10	8	15	15	22	9	6	15	30	33	36
Tillamook	25	26	30	19	21	15	6	9	13	32	31	27

(County Health Rankings, 2014:2015:2016)

Data used to determine these rankings: *Health Behaviors:* smoking, obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol impaired driving deaths, sexually transmitted infections, teen birth; *Clinical Care:* uninsured, primary care physicians, dentists, mental health providers, preventable hospitals, diabetic monitoring, mammography screening; *Social and Economic Factors:* High school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime, injury deaths; *Physical Environment:* Air pollution-particulate matter, drinking water violations, severe housing problems, driving alone to work, long commute-driving alone.

CPCCO CHIP Goals and Priorities

The goal of the CPCCO Community Health Improvement Plan (CHIP) is to use the data to address and prevent the issues which influence health outcomes at the community level. The long-term goal is to create opportunities for shared ownership of the health of the community between the CCO, the members of the CPCCO health plan, hospitals, public health agencies, behavioral health agencies and other stakeholders.

The three health priorities for 2014-2019 in CPCCO's CHIP with associated goals to reduce or improve the rate or trend of the priority are:

Health Priority: Obesity

Goal 1: Decrease the rate of low-income residents that are unable to access healthy foods.

Goal 2: Decrease of the current upward trend of obesity in the CPCCO service area.

Health Priority: Mental Health

Goal 1: Reduce and prevent youth and adult suicide attempts.

Goal 2: Better educate the community about the resources for mental health services.

Health Priority: Substance Abuse

Goal 1: Decrease youth and adult substance abuse.

Goal 2: Increase the public's awareness of the risk of substance abuse and the long term health effects of the abuse of alcohol, drugs, and tobacco.

Area of Focus: ACEs and Trauma Informed Care

In addition to CHIP goals and priorities, one of the CCO's the Performance Improvement Project (PIP) focus areas is Trauma Informed Care (TIC). This priority area supports improving emotional wellbeing, reducing the exposure to substances that impede healthy brain development, and reducing exposure to toxic stressors to prevent long term chronic health conditions as an adult.

To support the areas of youth development and reducing exposure to toxic stressors, CPCCO has joined each county's local System of Care Executive Leadership Council and is participating in developing that council's strategic plan. Oregon Youth MOVE contributes to the leadership council and supports increased inclusion of youth in planning and implementing system changes.

CPCCO, in partnership with the local Community Advisory Councils and other interested community stakeholders, supports the development of services that promote improving the community's awareness of the effects of adverse childhood experiences, the effect of adverse childhood experiences on emotional wellbeing, and the activities that support an individual's capacity to recover from adverse childhood experiences. As an introduction to trauma informed care, the film *Paper Tigers* has been

shown to interested organizations/agencies and community events. The film follows students and staff for a year at an alternative education school in Walla Walla, Washington to demonstrate the importance and impact of their TIC policies.

Below are the summaries of each county's efforts to become more trauma informed.

Clatsop County

The Warrenton-Hammond school district in Clatsop County has begun discussions with CPCCO to support their schools to become trauma informed. This project, in the early stages of development, will partner with the schools, Greater Oregon Behavioral Health Inc. and other community stakeholders to have trainings for the Warrenton-Hammond school district that improve the knowledge and awareness of trauma. The current goal at the community level is to identify resources needed to accomplish the goal of developing a service system that can accommodate the individuals who experienced trauma, deliver services in a manner that avoids inadvertent re-traumatization, and facilitates the participation in the activities that promote emotional wellbeing and reduce toxic stress. The Way to Wellville, a community health improvement group sponsored by CPCCO and CareOregon in Clatsop County sponsored a community viewing of the documentary *Paper Tigers* which was attended by 296 community members including representatives of all five school districts in the county. *Paper Tigers* follows an alternative high school in Walla Walla Washington through a school year as they implement trauma informed practices in their alternative high school. Clatsop County has expressed interest in creating a trauma informed care learning community which will start in the fall of 2016.

Columbia County

Northwest Regional ESD (NWRES D) has held two trainings on trauma informed care in Columbia County. 2016 CCO grant funds were awarded to NWRES D to continue to support this initiative and further promote trauma informed care in Columbia County. These grant funds will be utilized to screen *Paper Tigers* to Systems of Care council members, school district administration and staff and community showings as requested. Further, two additional trainings for school district administration and personnel on trauma informed care will be provided. Columbia County has expressed interest in creating a trauma informed care learning community.

Tillamook County

Trauma informed care and resilience are the main focus for the 2016 Amazing Brain series. The educational series held by the CPCCO CAC's Community Education Subcommittee began in April with three showings of the film *Paper Tigers*. Each showing included guided conversations about lessons learned and potential next steps that could be adopted locally. The series will continue with weekly community walks to highlight different ways to build resilience and will conclude with the Huckleberry Health Fair in August.

Equity Snapshot: ALICE and its relation to the experience of adverse childhood experiences.

ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs. People

who are low income or live in poverty are at higher risk to be exposed to the factors that create adverse childhood experiences. To demonstrate the importance of reducing adverse childhood experiences related to one factor (income) the following table shows the % of people who are low income or live in poverty by county and city in the CPCCO service area:

Asset Limited, Income Constrained, Employed in CPCCO Region					
Town 2013	% ALICE Total HH & Poverty		Town 2013	% ALICE Total HH & Poverty	
Clatsop County			Tillamook County		
Astoria City	4190	45%	Bay City	522	41%
Cannon Beach City	732	41%	Bayside Gardens CDP	359	62%
Gearhart City	684	32%	Garibaldi City	344	57%
Jeffers Gardens CDP	196	41%	Hebo CDP	168	28%
Seaside City	2782	38%	Idaville CDP	137	70%
Warrenton City	1911	50%	Manzanita City	185	42%
Westport CDP	194	44%	Nehalem City	116	33%
Columbia County			Netarts City	479	47%
Clatskanie City	670	50%	Oceanside CDP	176	23%
Columbia City	820	23%	Pacific City CDP	407	58%
Deer Island CDP	182	57%	Rockaway Beach City	537	56%
Rainier City	769	45%	Tillamook City	1976	55%
Scapoose City	2572	33%	Wheeler City	163	66%
St. Helens City	4707	44%			
Vernonia City	830	40%			
Warren CDP	710	22%			

(United Way of Pacific Northwest, 2015)

CPCCO Board of Directors Strategic Plan

In June of 2015 Columbia Pacific CCO Board of Directors created the Columbia Pacific CCO Five Year Strategic Plan. The plan includes goals, strategies and measures in the following areas: community integration, clinical interventions, health integration, workforce development and finance. This plan sets a direction by the Board, with data, structure, resources and focus, to help all stakeholders in health transformation, especially the communities.

CPCCO's five goals and associated strategies support the development of investment in cost-effective CHIP-guided prevention and interventions that address the social determinants of health at the community level. This plan supports community advisory council ownership of the CHIP priorities and invests in applying best practices that support the long term return on investment at the community level, including social return on investment, and the measurement of activities that address the root causes of health outcomes.

Since the plan's launch in January 2016, the CCO has taken steps to implement changes in internal structure and communication channels, and external approaches to forward the strategic plan in tangible ways. Examples include hiring 1.5 FTE dedicated staff in each county to provide support, guidance, and resources for achieving improvements in the CHIP or community priorities; Board participation in trainings and discussions on Health Equity, Social Determinates of Health, and Trauma Informed Care and Board approved incentive funds for each county to carry out the CHIP priorities and assist in meeting state CCO Incentive Metrics.

CPCCO Regional Community Health Partnerships

Regional Partnerships & Initiatives

North Coast Opioid Summit

Held on April 28th, 2016 the summit focused on ways the North Coast area of Oregon can reduce the number of opioids in circulation, such as better prescription methods and the proper disposal of unused pills. Speakers also discussed community awareness campaigns and Naloxone, a drug used to treat opiate overdoses. In the last legislative session, Oregon lawmakers expanded access to this overdose antidote. This summit was developed and presented in partnership with Oregon Coalition for Responsible Use of Meds (OrCRM) and Lines for Life.

Regional Tobacco Workgroup

CPCCO service area has the highest use by OHP members of tobacco in Oregon. In January 2015, a regional work group of representatives from public health department prevention specialists, local hospitals, the CCO state innovator agent and CCO staff formed a workgroup coordinate regional activities which support increasing the number of people who stop using tobacco. Current activities are the promotion of a text messaging smoking cessation program called CareMessage and the development of the processes that would potentially “close the loop” when an individual is seen by their primary care provider and is working with the Oregon Tobacco Quit Line or their local Public Health Department.

Additionally, CPCCO is collaborating with the workgroup on efforts to promote policy, systems, and environmental changes that will lead to a reduction in smoking, including: supporting and increasing tobacco-free public places; universal wrap-around support for cessation; and addressing the impact of the current retail environment with licensure, enforcement of FDA, state, and local regulations.

Early Learning Council HUB

The CPCCO Executive Director has joined the Regional Early Learning Hub Governing Board. In addition to the CPCCO service area, this HUB also included zip codes in Washington County. The Board is focusing on creating alignments on shared measures/metrics and creating strategic pathways to future shared investments. Specifically, increasing the number of Quality Rating and Improvement System (QRIS) child care providers in the region, implementing the Pre-school Promise grant and access to Kinder Camps. It also includes finding alignment between the Early Learning Hub participants and the CCO to better coordinate the sharing of information and data from the early learning health screening and referral clinics that are occurring in each county.

Health equity for low income families and children who live in poverty is present in the school systems in the CPCCO service area. While at the community level where the continuum of services for high risk children and families can be limited, at the individual school district level there is a gap in funding for family resource coordinators, where currently there is funding for 0.5 FTE for 13 school districts. These disparities affect health outcomes and are amplified in the CPCCO service region with the number of individual school districts each with their own funding sources and capacity to address the needs of high

risk kids and families. CPCCO is currently exploring how to support funding that would increase the fte of family resource coordinators and where the CCO will be able to interface with school districts that want to move to become trauma informed in their practices.

Regarding Oregon's QRIS for child care providers and early learning programs certification, a gap has been identified and there is some work being done to discover ways that CPCCO could support increasing the ease of which a childcare provider can become QRIS rated. Currently, providers must pay out of pocket to travel to the metro area to attend the classes to become QRIS certified. This geographic disparity is compounded by the lack of funding and the low wages of childcare providers that allow them to leave work to attend trainings.

Student Wellness and Games (SWAG) Night

CPCCO's integrated team (clinical and community focused staff) is developing a SWAG night program across the region that will improve access to adolescent well child visits across the region. Each SWAG Night event is being developed to fit the needs of teens in each county, and working directly with community partners including health departments, adolescent health providers, and other wellness groups.

Mental Health Integration

CPCCO reviewed the Local Mental Health Authorities (LMHA) Biennial Plans (2013-2015) when developing the CHIP and included their plans and related data in the community conversation and decision making process choosing the health priority areas. When appropriate, the local behavioral health organizations are involved in community health improvement activities related to CHIP goal areas. CPCCO has supported integration of behavioral health specialists in primary care clinics and are working with local behavioral health providers regarding community education of ACEs and Trauma Informed Care. Updated Biennial Plans were not available for review to incorporate into this document.

Sharing Community Health Assessment and Community Health Improvement Plan Work

To further efforts to integrate mental health care along with our local partners, CPCCO has agreed to partner on a shared CHA and CHIP process in Clatsop County that will include a shared CHA with Providence Seaside Hospital, Columbia Memorial Hospital and the Public Health Department. The goal is to have a formal agreement on shared process by 2019 including how we might leverage community benefit funds. The current verbal agreement includes assessing Columbia County and including public health in the shared process even though there is not a hospital in the County.

Community Wellness Investment Funds

CPCCO created opportunities for community health partnerships through the use of our Community Wellness Investment Funds (CWIF). While some of the funds were granted to single agencies working towards goals that supported the CHIP, several projects are collaborations among multiple community stakeholders. All grant applications were reviewed and rated by members of the county-specific Community Advisory Council named in the application. These recommendations were given to the CPCCO Board of Directors Finance Committee for approval.

The following is a summary of the 2016 CWIF grantees. For project descriptions and final summaries of the 2015 CWIF updates, please find them in the corresponding county update section.

Clatsop County

Oregon mORE Campaign to Prevent Underage Drinking – North Coast Prevention Works

This innovative project seeks to reduce the percentage of teenagers in Clatsop County who drink alcohol and increase the proportion of parents in the county who educate their offspring about the dangers of alcohol use. In contrast to most other prevention campaigns, this project focuses on informing target audiences of the healthy behaviors of the majority. Having an understanding of such positive normative behaviors, youth are more likely to make positive decisions about their health and safety.

Clatsop County Implementation Sanctuary Model – Way to Wellville

This project's objective is to bring a trainer from the Sanctuary Institute to train 35- 40 individuals from multiple organizations around Clatsop County. These organizations will be a cross section of school districts, county departments, juvenile justice services, law enforcement and community nonprofits. The "trained trainers" then go back to their individual organizations to train and implement the model in their own organizational environment.

Mobile Produce Pantry – Clatsop Community Action

The project goal is to distribute 1,600,000 pounds of food in the upcoming year, providing enough food for over 1,300,000 meals for low-income residents of Clatsop County communities. Of this amount, over 600,000 pounds will consist of fresh fruits and vegetables or other whole fresh foods such as meat and dairy products. Full distribution records are maintained at the Clatsop Community Action Regional Foodbank. We will track pounds of food distributed (categorically), emergency food boxes, meals prepared, people served, volunteers and hours, homeless client count and other valuable program information.

Crisis Intervention Specialist – Restoration House

This project will hire a Crisis Intervention Specialist to reduce behavior escalations leading to ER trips, mental health hospitalization and/or incarcerations. CPCCO staff will provide technical assistance to develop a process for residents to understand their health plan and related services, how to access crisis services, develop crisis intervention plans, and bring services to their housing that support emotional wellbeing.

Columbia County

Trauma Informed Care and Supports for Columbia County – Northwest Regional ESD

Columbia County, in cooperation with Columbia county School Districts, will provide two trainings (both North and South County) to support trauma-informed care for school personnel, community partners, parents and students. An additional follow-up session will include a viewing and question and answer session examining the implementation of trauma-informed care from the movie *Paper Tigers*. The trainings and follow-up session will help the project’s target group understand the benefits of a trauma-informed system and how trauma impacts individuals and families.

Active Parenting of Teens: Families In Action – Columbia County Mental Health

Columbia County Mental Health (CCMH), Northwest Regional ESD (NWESD), and Columbia County Dept. of Human Services (DHS) are partnering to provide parenting education to parents of children ages 11 – 14. The program is based on a social development model that emphasizes the contribution of family, school, and peers to adolescent development and proposes that if a youth bonds with prosocial individuals and social groups he or she is less likely to use alcohol, tobacco, and other drugs (ATODs).

Fresh Produce Distribution to Low-Income Residents – Columbia Pacific Food Bank

This project will support fresh produce distribution to low income individuals throughout Columbia County. The project delivers fresh produce to low-income residents and agencies that they already visit, reducing the need for an extra trip to one of the food pantries, senior centers or community meal programs to access additional fresh produce. Evaluation will be based on the amount of additional produce in pounds that is distributed outside of the normal partner agency network.

Tillamook County

Community Food Programs - Food Roots

The Community Food Programs project will enhance Food Roots’ Access to Local Food programming by focusing on a variety of projects that will help to increase access to healthy, local food for low-income community members in Tillamook County, thereby improving public health and reducing diet and nutrition-related disease within the rural community. This project will work on two primary projects: the expansion of both the free Seed to Supper gardening workshops and community gardening space to improve access to healthy, locally grown food by providing the skills and resources needed for low-income residents to grow a portion of their own food; and the implementation of a new Double Up Food Bucks nutrition incentive program at all four of the Tillamook County farmers markets, which will double the purchasing power of SNAP (Supplemental Nutrition Assistance Program) recipients for fresh fruits and vegetables, dry beans, and fresh herbs. As part of this project, there will be work to provide increased and specific outreach to Spanish-speaking communities in Tillamook County to help improve their access to fresh, healthy, locally-grown food.

Crisis Management Services expansion into Tillamook County – Helping Hands Re-entry Outreach Centers

As of March 1st, 2016 the Tillamook Homeless Relief Center was opened - initially providing temporary emergency relief services to the homeless in Tillamook County, including safe/sober housing and food.

The Center has an on-call Crisis/Mental Health Manager at the Seaside Shelter for triage of crisis situations and referrals to mental health professionals. When this service was added, emergency calls to the police and ER hospital visits were reduced by 87% because crisis situations were prevented from escalating. This same critical care will be added for the residents of the shelter in Tillamook.

Year Of Wellness (YOW) – High School Challenge – Tillamook County Health Department

The YOW Task Force has identified Nutrition, Physical Activity and Tobacco Use as priority focus areas. Through this comprehensive approach to improving daily lifestyle choices and making the healthy choice the easy choice through environmental changes, the YOW will address CHIP goals related to decreasing substance abuse, improving mental wellbeing and decreasing the rate of obesity. Moreover, because the target population for this specific project involves high school students, the focus is on building awareness of personal responsibility for preventive health. Students who develop these skills are more likely to facilitate improvements in all CHIP categories as they enter into their adult lives.

Regional

Safer Futures Regional Capacity Building Project – Tillamook Women’s Resource Center

To address the CHIP goal of improving mental wellbeing and in support of the CCO’s focus area of trauma informed care, Tillamook County Women’s Resource Center “Safer Futures Regional Capacity Building Project” is a regional initiative including SAFE of Columbia County, Tillamook Women’s Resource Center, and Clatsop County Women’s Resource Center Inc. to increase screening and referral capacity for Intimate Partner Violence (IPV) in all three counties of the Columbia Pacific CCO service area. Specifically, this project will educate and train health care providers to more effectively screen for, refer to community resources, and train patients affected by IPV from a healthcare setting. Trainings will also include community-based advocates to support the improvement of their capacity to identify, assess, and refer individuals to get care and support through their primary care provider or their local domestic violence center. The goal of this project is to identify the barriers that exist for sustaining clinic-based advocacy work and to identify policy, clinical and community recommendations that would support the sustainability of this kind of service which could potentially improve health outcomes in traumatized individuals and families.

Clatsop County Update

To address each of the 2014-2019 health priority areas, Columbia Pacific CCO has made efforts in Clatsop County to coordinate and partner with various community organizations. This has been primarily through the use of Community Wellness Investment Funds – the CCO’s local grant program. Current data for the health issues and efforts in each of these priority areas are highlighted below.

Obesity

Clatsop County continues to follow state and national trends of increasing numbers of adults reporting a body mass index of 30% or more. In 2013 there were 26% of adults who reported a Body Mass Index (BMI) of 30% or more. In 2014, 28%, and preliminary data for 2015 is showing that 29% of adults in Clatsop County are reporting a BMI of 30% or more -- slightly higher than the state average of 27% (Wagner, Clatsop County Health Assessment Data Update-2016, 2016).

Seaside Cohort Collaboration

A collaboration between Sunset Empire Park and Recreation District, Providence Seaside Hospital and OHSU has been developed for 45 OHP members to participate in fitness, nutrition, health coaching and mental health services to improve total wellbeing as measured by the Heathway’s Wellbeing Assessment. Participants received a Fitbit, free pass to park and recreation facilities, nutrition/cooking classes and pre and post measurement of blood sugar and cholesterol. There will be a 6- and 9-month follow up to assess sustainability.

Project leads are planning on holding a focus group with teens to develop a similar project proposal for a teen cohort. Project leads are also working to publish their results. Initial results indicate some successes and learnings as to what to build into the next project.

There were a total of 36 OHP members that were eligible that participated in the project. Participants were supported to access the program for three months and will be followed up with at 6 and 9 months to assess for capacity to sustain the health change behaviors.

Out of the 36 participants that signed up, 60-70% attended the weekly nutrition classes consistently. About 50% used the free Sunset Empire passes. Participants who attended nutrition classes and fitness opportunities have seen improvement in their diet, weight and measurements. All participants were excited about the Fitbits, and are enjoying tracking their steps.

There were some challenges reported by participants such as childcare and transportation as barriers. Participants who did not have smartphones could not easily use the Fitbit.

Mental Health

Oregon is ranked 10th in the nation for suicide with 18.65 suicides per 100,000 people. Suicide is the 2nd leading cause of death for ages 10-24 in Oregon. Clatsop is seeing an upward trend of death due to suicide. In 2013 there was a 14.3 suicides per 100,000 and in, 2015 18.6 suicides per 100,000 (Oregon Health Authority, Public Health, Oregon Death Data) To address decreasing the rate of suicide,, Greater Oregon Behavioral Health (GOBHI) has partnered with the CCO and other community stakeholders to develop a crisis respite program. The program is slated to open the summer of 2016.

Early Childhood Health and Education Clinics (Clatsop and Columbia Counties)

Funding primarily supported cost of a coordinator to organize early childhood health and education clinics in Clatsop and Columbia Counties. The clinics offer comprehensive preschool exams for children from three to five years of age, including medical and developmental exams, speech and hearing screenings, nutritional counseling and more. Project leads discovered the need for future work to align with the similar work of pre-k programs and ELC HUB; including being able to submit claims to the CCO by contracted health clinics who participate in the clinics.

There were two clinics completed. 123 kids received screenings in Clatsop County and 43 in Columbia County. Each child that had OHP was referred to their PCP/pediatrician, and the screening records were faxed to each doctor to be put into the child's medical records. 14 children were found to have special needs in Clatsop County. Of those 10 kids were found to be eligible for programing that helps kids with special needs connect to pre-school.

Substance Abuse

In Clatsop County the percentage of adults who report binge drinking (4-5 alcoholic beverages at one time in the past 30 days or more than 1-2 drinks per day on average) in Clatsop County has increased from 15% of adults in 2014 and 2015 to 21% of adults reporting binge drinking in the 2016 data sets. Also of concern to CPCCO are prescription and opiate use/misuse, which will continue to be an area of focus (Wagner, Clatsop County Health Assessment Data Update-2016, 2016).

Adults who report using tobacco has declined from 18% in 2014 and 2015 to 17% in the 2016 data sets. Tobacco use among pregnant women has declined from 18.8% in the 2008-2010 data sets to 17.7% in the 2014 data sets (Wagner, Clatsop County Health Assessment Data Update-2016, 2016).

Oregon mORe Campaign to Prevent Underage Drinking

The More Campaign is a media-focused evidence-based program designed to raise awareness on underage drinking and substance abuse while informing youth and their families as to the county-wide perceptions around drinking and substance abuse. In 2015, CWIF Grantee NW Prevention Works reported being able to establish rapport with local school districts, creating messages with parents and students on local radio, gaining support from local businesses, and collecting valuable input from parents.

Community Partners

Healthy Families Oregon and Community Action Team, Inc.

Healthy Families Oregon is a home visiting program that provides support to families beginning prenatally through three months. Families can participate in the program until the child turns three. Healthy Families is an evidence based program with a demonstrated history of increasing positive parent-child relationships and decreasing rates of child maltreatment. Community Action Team, Inc. provides the program in Clatsop County.

NW Regional Education Service District (NWRESD)

Funding primarily supported cost of a coordinator to organize early childhood health and education clinics in Clatsop and Columbia Counties. The clinics offer comprehensive preschool exams for children from three to five years of age, including medical and developmental exams, speech and hearing screenings, nutritional counseling and more. Project leads discovered the need for future work to align with the similar work of pre-k programs and ELC HUB; including being able to submit claims to the CCO by contracted health clinics who participate in the clinics.

There were two clinics completed. 123 kids received screenings in Clatsop County and 43 in Columbia County. Each child that had OHP was referred to their PCP/pediatrician, and the screening records were faxed to each doctor to be put into the child's medical records. 14 children were found to have special needs in Clatsop County. Of those 10 kids were found to be eligible for programing that helps kids with special needs connect to pre-school. Between in kind donations, CCO and NWESD, \$100,000 was donated.

Clatsop County Year of Wellness (YOW)

Clatsop County Commissioners proclaimed 2016 Year of Wellness (YOW) in a November, 2015 Board of Commissioners meeting. This is a collaborative approach among Tillamook, Clatsop and Columbia Counties in order to learn more about what we can do to improve the health of our communities. Clatsop County has chosen to take a Policy Path via Year of Wellness to advice and inform the County Manager and County Commissioners about health impacts in each policy decision considered during the year.

Way to Wellville

Clatsop County was selected via a competitive process as one of five The Way to Wellville communities in the United States. The Wellville Five are working collaboratively with HICcup (Health Initiative Coordination Council) and a network of partners to produce visible improvements in five measures of health and economic vitality. The Clatsop Way to Wellville Strategic Advisory Council is working intensively on their identified areas of focus: community well-being, emotional health, economic opportunity and health care access. One recent example of the Clatsop Way to Wellville project and CPCCO/Clatsop CAC was the hosting of a screening of "Paper Tigers" in Astoria at the Liberty Theatre (referenced elsewhere in this update).

CHART (Community Health Advisory Resource Team)

Clatsop County CHART partners were convened by Clatsop PH in relationship to a past state/Federal grant; their monthly meetings have continued as a sharing/networking of community organizations interested in improving opportunities for health within Clatsop County. Participants in CHART include both Clatsop County hospital systems (Columbia Memorial Hospital and Providence Seaside Hospital, Astoria Parks and Recreation, Sunset Empire Parks and Receptions, Head Start of Clatsop County, the National Parks Service, the Northwest Coast Trails Coalition, ENCORE (Exploring New Concepts of

Retirement Education), NW Parenting, Education and Support Hub, Clatsop County Public Health, North Coast Food Web, the Harbor, CADY (Caring Adults Developing Youth) and Prevention Works.

CBH (Clatsop Behavioral Health) and GOBHI (Greater Oregon Behavioral Health)

In recognition of the need for mental health/emotional health services and supports for youth, CBH and GOBHI have partnered with local school districts to place child qualified MH staff in school buildings to allow service delivery to occur during the school day. In Warrenton School District/Warrenton Grade School, GOBHI has provided financial support for a position dedicated to behavioral supports in an academic classroom.

Connect the Dots

A social service networking collaborative organized in 2010, Connect the Dots convenes community partners and interested members of the public at a minimum of 6 times/year with each 2.5 hour meeting focused on a different topic of community needs and interests. Presentations during the past year included homelessness and poverty, opioid and substance abuse issue, behavioral health treatment system barriers, and an overview presentation on the Early Learning Hub system.

NCADD (National Council on Alcoholism and Drug Dependency) and Jordan's Hope of Recovery

Organized in 2016 by Kerry Strickland in response to the death of a her son from an opioid overdose, this local branch of NCADD has achieved 501(c)3 status and serves to support those seeking support for recovery in addiction.

Restoration House

Restoration House is the primary residential housing provider for the male population that have recently been released from incarceration in prison or jail and those men who have co-occurring mental health and addiction conditions. They provide individual and group counseling, medication management, reintegration into community services and supports (social security, healthcare, education, transportation), AA and NA group supports, as well a room and board for 15 men. This critical partner provides a veil of security for the community for those convicted of serious crimes and supports their re-integration into society. The Restoration House Director serves on the Clatsop County CAC.

Helping Hands

Helping Hands provides homeless sheltering programs for men, women and families. They have an OHP Assistance Grant to provide application assistance and develop individualized plans for progression through job readiness skills, education, housing attainment while addressing their immediate needs for housing and food. Residents must agree to be clean and sober and receive professional MH services on site. Helping Hands of Clatsop County operates a male only shelter and a female/family shelter.

Prevention Works

This non-profit focuses on underage drinking and changing community norms related to youth tobacco, alcohol and substance use. Some of their activities include minor decoy operations, bottle tagging with retailers, the reward and reminder program, as well as assisting the OLCC (Oregon Liquor Control Commission) in local training and enforcement activities. Prevention Works is now in the second year of the “**Oregon mORe**” campaign, which is a media campaign, designed to educate parents and youth on the perceptions of underage drinking. The CPCCO Community Wellness and Investment grants have supported the efforts of Prevention Works for two consecutive years.

CCA (Clatsop Community Action)

CCA provides a wide variety of services and supports for low income residents of Clatsop County, including housing programs, case management, Veteran’s services and operates the local Food Bank and extended network of community Food Pantries. The Clatsop County Food Bank is a model operation with commercial kitchen facilities equipped to take advantage of donations of fresh seafood by-catch and protein sources obtained law enforcement actions. They have established community garden beds and provide weekly local fresh vegetable distribution year round. The Food Bank is a current grantee benefitting from the CPCCO Community Investment Fund.

North Coast Pain Clinic

The North Coast Pain Clinic is a not-for-profit organization that was initiated and funded by the Columbia Pacific CCO. The Clinic began seeing its first patients on July 1, 2014 under a pilot project to serve as a complementary treatment alternative for those suffering from chronic pain. The success of the program has resulted in the program’s continuation and the development of similar programs in Columbia and Tillamook counties.

Patients diagnosed with chronic pain can be referred by their Primary Care Provider to participate in the program. Patients are scheduled for an orientation, where they are given an overview of what the program offers and can voice any questions or concerns they may have. At this time, services are covered under the Oregon Health Plan, MODA, and a sliding fee scale for those who qualify. Other insurance providers are negotiating to help make this available to their patients.

The Program consists of weekly classes for 10 consecutive weeks. Each class lasts for 3 hours and is divided into 3 segments. The program is primarily behavior-based, which means that it utilizes techniques that have been proven effective in the treatment and management of chronic pain. The clinic does not prescribe any medications; rather, the Primary Care Provider handles this. The pain clinic does conduct an individual assessment to review and determine the degree to which pain has been impacting the patient’s life.

Curriculum includes educational, experiential, and body movement components to best assist the patient with his or her pain experience. The body movement component currently consists of mild and modified yoga techniques. Relaxing training, stress reduction, and reframing distorted thinking patterns are also covered.

The program is presented in a classroom setting, which gives patients an added opportunity to share experiences with others who have chronic pain. The information and experiences are presented in an upbeat and motivating manner, and this has resulted in a 91% highest approval rating from the program graduates.

Clatsop County Department of Public Health

The public health department provides services, collects data, and provides staff and leadership in multiple community activities. Direct services in support of the CHIP priorities include: WIC and nutritional education assistance; Tobacco prevention program technical assistance; and is to receive grants for opioid substance abuse programs, such as Prescription Drug Monitoring Program, an advisory group, and linkages to pain management clinics.

Columbia County

To address each of the 2014-2019 priority areas, Columbia Pacific CCO has made efforts to coordinate care and partner with various community organizations in the county. Efforts in each of these priority areas are highlighted below.

Obesity

Up from 27.0% in 2013, the 2015 obesity rate in Columbia County is 31.9%, which is higher than the state rate of 25.9%. Heart disease and stroke rates—both of which can be related to obesity—show interesting trends. Death due to stroke has varied very little with an increase from 40 to 40.4 deaths per 100,000. Heart disease has significantly decreased from 175.0 to 167.2 deaths per 100,000 from 2013 to 2015 (Wagner, Columbia County Health Assessment Data Update-2016, 2016).

Columbia Pacific Food Bank

In Columbia County, the Columbia Pacific Food Bank (CPF) operates six food pantries and two meal sites. In 2016, CPF will partner with Food Roots, a community organization whose mission is to cultivate a health food system in Oregon's north coast communities, using CCO grant funds to implement the Seed to Supper program. The six-week gardening course gives novice adult gardeners the tools they need to successfully grow a portion of their own food on a limited budget.

Mental Health

The average resident of Columbia County experienced 3.8 poor mental health days per month in 2015, slightly lower than the average across the state at 4.1 days. However, the five-year average of the rate of deaths due to suicide were 18.8 per 100,000 which is higher than the statewide average rate of 17 per 100,000 (Wagner, 2016).

Columbia County Mental Health

Columbia County Mental Health (CCMH) was awarded CWIF grant funds to support the Community Health Improvement Plan goals in the area of improving mental health. The grant funded the following suicide and intervention curriculums: Applied Suicide Intervention Skills Training (ASIST); Question, Persuade, Refer (QPR); and RESPONSE training. The purpose of the interventions is to reduce stigma around the signs and symptoms of mental illness. The trainings were offered throughout Columbia County school district for early childhood staff, youth, adults, community partners, and parents of school age children. The goal is to evaluate the number of people trained and their plans to use ASIST, QPR, or RESPONSE as a tool to talk with their peers about suicide.

CCMH training outcomes are as follows:

ASIST training: 40 people trained including school district staff and interested community members.

QPR: 90-eighth grade students in Clatskanie and Vernonia School Districts were trained.

RESPONSE: 400 high school students in Scappoose, Vernonia, and Clatskanie School Districts were trained.

SAFE of Columbia County

Support, Advocacy, Freedom and Empowerment (SAFE) of Columbia County, provides services throughout Northwest Oregon, and is a network of safe-homes providing refuge for survivors who are homeless due to domestic violence, sexual assault and stalking. SAFE was awarded CWIF funds to provide the evidence-based curriculum, “Safe Dates,” focused on preventing dating abuse. The goals of the project included reducing dating sexual violence—victimization among teens which lead to adverse health risks such as depression, suicidal ideation, and alcohol and drug use.

The curriculum was implemented in Columbia County’s adolescent health classes. The Safe Dates curriculum was delivered to 511 high school students at each of the middle schools in all five of the school districts in Columbia County. There were significant changes in reported knowledge from the pre-survey to the post-survey. The areas most reported to have changed were: awareness/understanding that both males and females are victims of dating abuse and expecting one’s partner to act in a specific way because of their gender can sometimes lead to abuse.

School-Based Health Centers

CPCCO is working with Columbia County school-based health centers in collaboration with The Public Health Foundation of Columbia County planning group to develop a school-based health center at Scappoose High School. In participation with the planning group, CPCCO staff are participating in the planning group that hopes to develop a school based health center at Scappoose High School. Staff also supported the group to apply for funding through CareOregons community benefit grant program which was approved. In addition, CPCCO clinical support staff is working with school-based health centers in Columbia County to support their application to become primary care medical home. This will improve access for youth to health care due to the potential that the school based health center could be their primary assigned health provider.

Substance Abuse

As of 2015, adult smoking in Columbia County is 18.9% which is slightly lower than the state of 19%. This data is tobacco-specific and does not include alternative nicotine delivery products or marijuana use (Wagner, Columbia County Health Assessment Data Update-2016, 2016).

Excessive drinking rates in Columbia County reflect the statewide increase from 2013 to 2015. However, the increase in Columbia County has outpaced the average state rate. In Columbia County, excessive drinking rates increased from 15% in 2013 to 20% in 2015. Statewide, excessive drinking rates increased from 16% in 2013 to 19% in 2015(Wagner, 2016).

Also of concern to CPCCO are prescription and opiate use/misuse, which will continue to be an area of focus

The Public Health Foundation of Columbia County

CPCCO works collaboratively with The Public Health Foundation of Columbia County on several initiatives. In 2016, CPCCO partnered with Columbia, Clatsop, and Tillamook Counties to roll out the regional CareMessage program. Care Message is a 25 week texting program designed to provide smoking cessation support and encouragement. It is free to participants, but standard text message

rates apply. The regional collaborative is working on two types of outreach strategies: community promotion and clinical workflow. The regional collaborative also developed a tobacco cessation provider survey to assess whether providers within the CPCCO network are asking patients if they use tobacco, refer to resources, and whether they need additional training.

Revitalize Wellness Center

Revitalize Wellness Center is a not-for-profit organization that focuses on providing information, counseling, coping skills and community resources to help people reduce and better manage their pain, allowing them to return to doing the things they enjoy. The center seeks to care for the whole person, not just their pain.

Patients who have been diagnosed with chronic pain may be referred by their Primary Care Provider to participate in the program. Patients who are referred to the program are scheduled for an Orientation to the program where they are given an overview of what the program offers and answer any questions they may have. At this time, services are covered under the Oregon Health Plan, MODA Health Plan and Sliding Fee Scale for those who qualify. Other insurance providers are negotiating to help make this available to their patients.

The Program consists of once a week participation for 10 consecutive weeks. Each session lasts for 3 hours and is divided into 3 segments. The program is primarily behaviorally based, that utilizes techniques that have been proven to be effective in the treatment and management of chronic pain. No medications are prescribed by the clinic. All medication management continues to be provided by the patient's Primary Care Provider. Patients will, however, have an individual assessment to review and assess to what degree pain has been impacting their lives.

The program curriculum includes educational, experiential and body movement components to best assist the patient with their pain experience. The body movement component currently consists of mild yoga techniques. Relaxation training, stress reduction and distorted thinking patterns are other areas that are focused on.

The program is presented in a classroom setting as it gives others an added opportunity to share experiences with those who have persistent pain. The information and experiences are presented in an upbeat and fun manner, which has resulted in a 91% highest approval rating from the program graduates.

Community Partners

Healthy Families Oregon and Community Action Team, Inc.

Healthy Families Oregon is a home visiting program that provides support to families beginning prenatally through three months. Families can participate in the program until the child turns three. Healthy Families is an evidence based program with a demonstrated history of increasing positive parent-child relationships and decreasing rates of child maltreatment. Community Action Team, Inc. provides the program in Columbia County.

NW Regional Education Service District (NWRESD)

CCO funding primarily supported the cost of a coordinator to organize early childhood health and education clinics in Clatsop and Columbia Counties. The clinics offer comprehensive preschool exams for children from three to five years of age, including medical and developmental exams, speech and hearing screenings, nutritional counseling and more. Project leads discovered the need for future work to align with the similar work of pre-k programs and ELC HUB, as well as being able to submit claims to the CCO by contracted health providers who participate in the clinics.

There were two clinics completed. 123 kids received screenings in Clatsop County and 43 in Columbia County. Each child that had OHP was referred to their PCP/pediatrician, and the screening records were faxed to each doctor to be put into the child's medical records. 14 children were found to have special needs in Clatsop County. Of those 10 kids were found to be eligible for programing that helps kids with special needs connect to pre-school.

Columbia County Year of Wellness (YOW)

Columbia County Commissioners proclaimed 2016 Year of Wellness (YOW) at the end of December 2015. This is a collaborative approach among Tillamook, Clatsop and Columbia Counties to learn more about what they can do to improve the health of their communities.

The Columbia County Year of Wellness Task Force works collaboratively to coordinate community events throughout the year to share a similar message and purpose of promoting health, wellness, and community; partner with local media outlets to disseminate messages to the community; and make sustainable changes to policy and the environment.

The Task Force completed strategic planning session to determine how to structure the upcoming year , with the calendar year broken into three month seasons. A focus area was chosen per season, with a major event included. The foci chosen were walking and biking to school, Walk to Wellness at local fairs, and workplace wellness/healthy businesses.

Tillamook County Update

To address each of the 2014-2019 priority areas, Columbia Pacific CCO has made efforts to coordinate care and partner with various community organizations. Efforts in each of these priority areas are highlighted below.

Obesity

In 2015, the percent of people living with obesity in Tillamook County was 27%, which is higher than the state rate of 25.9%. Similarly, Tillamook County's average rates of death due to heart disease and stroke—both of which can be related to obesity—are higher than the state's rates during the five year period studied (Wagner, Tillamook County Health Assessment Data-2016, 2016).

Food Roots

Food Roots is using CWIF funds to engage low-income community members in Seed to Supper garden trainings. The goal of Seed to Supper is to increase self-efficacy by teaching the skills needed to produce and access local fruits and vegetables. In 2015, CWIF funds were used to host two free Seed to Supper gardening series workshops (one in Central County and one in South County). Between both series, 23 participants graduated the program. Additionally 4 participants were part of a trial Spanish-language version of the series. Survey results revealed that participants felt more confident in their abilities to grow their own food, and the majority planned to share the information from the classes among their peers. Two participants were granted free community gardening plots through Food Roots. Food Roots has been granted another year of CWIF funding to continue their work in Tillamook County in improving access to healthy, quality, local foods and to expand their work in Columbia County.

Tillamook County Year of Wellness—School Challenge

In 2015, CPCCO joined the Tillamook County Health Department and a collective of local health and service-related organizations to plan for making 2016 a county-wide Year of Wellness (YOW). The YOW is utilizing shared resources from CPCCO and other groups to create a healthy choice tracker, a network of "calls to action," and local resources to get the general population to make healthy behavior changes. A major focus of the YOW is to highlight access to local programs and empower communities to eat better and move more, regardless of socio-economic status or ability. Though planned in 2015, the YOW will carry through the end of the 2016 calendar year.

Mental Health

The average resident of Tillamook County experienced approximately 4 poor mental health days per month in 2015, equal to the average across the state. However, the five-year average of the rate of deaths due to suicide were 18.9 per 100,000 which is higher than the statewide average rate of 17 per 100,000 (Wagner, Tillamook County Health Assessment Data-2016, 2016).

Community Advisory Council's Amazing Brain Series

In partnership with many community organizations, the Tillamook Community Advisory Council Community has continued to develop and sponsor a series of community education events called The Amazing Brain. This project supports the CHIP goal of educating the community about the resources for

behavioral health services. The focus in 2015 was to better support healthy brains and minds, and to provide a community forum to identify projects the Community Advisory Council could support during the Tillamook County 2016 Year of Wellness. The Amazing Brain Series concluded in August 2015 with participation in the Huckleberry Health Fair. The CAC's Community Education Subcommittee identified trauma informed care (TIC) and resilience as the main focus for this year's iteration of The Amazing Brain, which began with three showings of the film Paper Tigers and will continue with weekly community walks to highlight different ways to build resilience. This year's series will conclude with the Huckleberry Health Fair in August.

Substance Abuse

As of 2015, adult smoking in Tillamook County has held steady at 20%, compared to 19% in the state. This data is tobacco-specific and does not include alternative nicotine delivery products or marijuana use. Excessive drinking has decreased from 21% in 2013 to 19% in 2015, compared to an increase across the state from 16-19% respectively. Also of concern to CPCCO are prescription and opiate use/misuse, which will continue to be an area of focus (Wagner, Tillamook County Health Assessment Data-2016, 2016).

Tillamook County Health Department Family Health Centers

In 2015, CPCCO awarded CWIF funds to and partnered with the Tillamook County Health Department Family Health Centers to address tobacco use in at-risk pregnant women and teens. This was done through the Tillamook Home Visiting Collaborative, including Healthy Families, ESD, WIC, Head Start, Tillamook Family Counseling Center, and the public health nurses and primary care providers at the family health centers. Care Message's text-to-quit support for tobacco cessation was a component of this project and will be rolled out county-wide as a sustained effort of the CCO and local partners. For this project, 81 women were screened through the home visiting collaborative, and 750 women were screened through the local WIC programs. All of the 40-50% of women who screened positive for smoking were offered CareMessage. Of the 47 smoking mothers identified at home visits, 16 women quit smoking and 11 reduced their tobacco use.

The Amazing Brain Series

The previously cited Amazing Brain community education series supports the CHIP goal of increasing the public's awareness of the risk of substance abuse, the long term health effects of the abuse of alcohol, drugs, tobacco, and highlights community resources for treatment and prevention.

Ivy Avenue Wellness Center

Ivy Avenue Wellness Center is a nonprofit center that focuses on providing information, counseling, coping skills and community resources to help people reduce and better manage their pain, allowing them to return to doing the things they enjoy. The center seeks to care for the whole person, not just their pain.

Patients who have been diagnosed with chronic pain may be referred by their Primary Care Provider to participate in the program. Patients who are referred to the program are scheduled for an Orientation to the program where they are given an overview of what the program offers and answer any questions

they may have. At this time, services are covered under the Oregon Health Plan, MODA Health Plan and Sliding Fee Scale for those who qualify. Other insurance providers are negotiating to help make this available to their patients.

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The program curriculum includes educational, experiential and body movement components to best assist the patient with their pain experience. The body movement component currently consists of mild yoga techniques. Relaxation training, stress reduction and distorted thinking patterns are other areas that are focused on.

The program is presented in a classroom setting as it gives others an added opportunity to share experiences with those who have persistent pain. The information and experiences are presented in an upbeat and fun manner that has resulted in a 91% highest approval rating from the program graduates.

Community Partners

Tillamook County Year of Wellness

Aside from CWIF-funded projects, CPCCO is a lead sponsor and partner in the county-wide Tillamook County Year of Wellness (YOW), a year-long effort to improve wellbeing. YOW has several subcommittees which work together to improve healthy behaviors, access to healthy programming, and making the healthy choice the easy choice in all areas of life. CPCCO is now part of an effort to roll the collaboration into a wellness coalition to ensure that the benefits become more widely available—particularly among CPCCO members—and that environmental changes become sustainable. Clatsop and Columbia County have also declared 2016 as a Year of Wellness. Each was sponsored by their local county government. CPCCO has supported these efforts with communication and marketing materials and in-kind donation of CCO staff time to support the locally driven efforts.

Ivy Avenue Wellness Center

Ivy Avenue Wellness Center is a nonprofit center that focuses on providing information, counseling, coping skills and community resources to help people reduce and better manage their pain, allowing them to return to doing the things they enjoy. The center seeks to care for the whole person, not just their pain.

The program curriculum includes educational, experiential and body movement components to best assist the patient with their pain experience. The body movement component currently consists of mild yoga techniques. Relaxation training, stress reduction and distorted thinking patterns are other areas that are focused on.

Conclusion

Columbia Pacific CCO is making strides in building community partnerships, increasing access to care, and improving social determinants of health in Clatsop, Columbia, and Tillamook Counties. The Community Health Improvement Plan and the combined work of CPCCO staff, Community Advisory Councils, and community partners are helping to provide vision and resources for the improvement of each of the identified health priorities in all three counties and will continue to do so.

CPCCO leadership will be meeting with the Oregon Office of Equity and Inclusion in June 2016 with the goal of exploring how to better interface and share information to address equity and health disparity related to income, race and ethnicity.

The single greatest challenge that CPCCO faces in the continued implementation of the CHIP is the topic of equity in each county. Measuring equity is complex and difficult given the community sizes as well as the many ways in which people's access to equal opportunities can be stifled—race, socioeconomics, sexual preference, age, ability, or others—overtly or subtly. Most concerning to our members are additional issues that impact health such as geographic separation; high patient ratio per number of providers to Oregon Health Plan members; limited resources; health care provider mix; difficulty coordinating care between hospitals, clinics, behavioral health agencies and social service safety net providers; and school districts that need help to meet the needs of their high risk kids and families. Overall, these often co-occurring issues can lead to problems with measuring impact or cause and effect.

Educating communities on local factors of inequity and their impact on community health is a continuing effort, but one that will take multiple years to do properly and see effect from. CPCCO and its partners do not currently have a way to share real-time data that focus on issues related to inequity or the CHIP priorities. Programs like The Amazing Brain Series in Tillamook County or the educational components of each county's broader wellness initiatives touch on issues of equity, but are addressing the topic subtly through community education in order to increase awareness in a community-wide and non-threatening way. CPCCO is currently working to develop a Medicaid 101 curriculum to members so they can better understand their health insurance plan. CPCCO staff is also working on bringing in an expert on the relationship between poverty and health for the benefit of staff and possibly the community.

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