

# Lane County Community Health Assessment

Spring 2013 – Version 1.0

A Collaborative Project between Lane County Public Health, Peace Health Oregon West,  
Trillium CCO, and United Way of Lane County



PeaceHealth



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Spring 2013 – Version 1.0

## Overview

Lane County Public Health, Peace Health Oregon West, and Trillium, Lane County's Coordinated Care Organization, launched a comprehensive community health assessment and planning process in spring 2012. Undertaken in collaboration with many community partners, the overall goal of this work was to identify key priority areas where the community can take action to improve overall population health. The assessment and improvement plan also fulfills public health accreditation and health care regulatory requirements.

Improving the health and wellbeing of Lane County residents is core work of the partnering organizations. How to improve health and quality of life in a community is always a challenge as many social, economic, environmental, and individual factors impact health and wellness. The Lane County Community Health Assessment team initiated the Community Health Assessment process in order to both examine these factors and engage community members in discussions around health.

Using the Mobilizing for Action through Planning and Partnerships (MAPP) tool made available by NACCHO, the Community Health Assessment team analyzed public health data, engaged with community members to solicit feedback around priority areas and key concerns, interviewed key community leaders, and presented the data across the county, all in the hopes of engaging a diverse group

## MAPP Method

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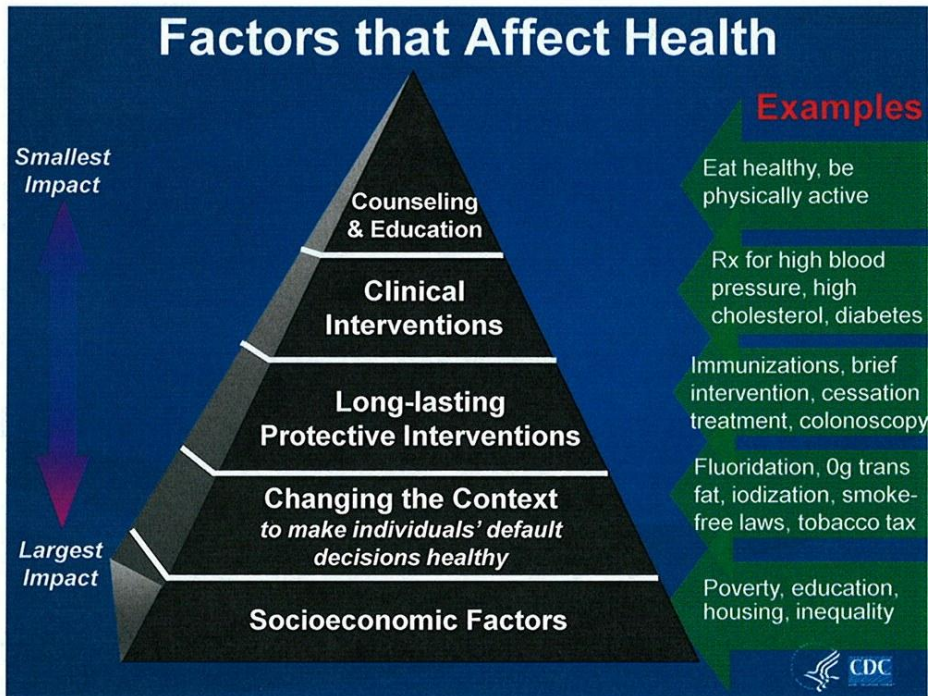
Over 30 data and process presentations to community partners

Community health survey of over 700 residents

Key informant interviews with community leaders

of people dedicated to improving health in Lane County.

Special attention was given to identifying the social and economic factors that impact individual's ability to achieve and maintain health. These factors include income/poverty, educational attainment, discrimination, and the built environment, among many others.



## Steering Committee

Dan Reese, LCSW, Peace Health Manager Network of Care

Rick Kincade, MD, Network V.P. for Medical Affairs

May Anne McMurren, Administrator, Cottage Grove Hospital

Rick Yecny, CEO, Peace Harbor Hospital

James Boyle, Senior Analyst, PeaceHealth Oregon West

Jennifer Jordan, MPH, Lane County Public Health

Ellen Syverson, MPH, Lane County Public Health, Trillium Health Plan

Chelsea Clinton, United Way of Lane County 100% Access Coalition

David Parker, Trillium Community Advisory Council

Tara DeVee, Trillium Community Advisory Council

Anne Celovsky, Lane County Public Health

Lindsey Adkisson, Lane County Public Health

Mardel Chinburg, Public Health Advisory Committee, University of North Carolina MPH Practicum Student

Jody Corona, Health Facilities Planning & Development Consultant for Peace Health

Lane County Public Health Prevention Team

Lane County Community Members

## Summary of Findings

### Community Health Status

- Lane County residents' overall physical health tends to be better than the state or nation
- Despite good physical health, Lane County residents are much more likely to experience poor mental health and substance abuse issues than the rest of Oregon or the nation
- Cost remains a significant barrier to access for many residents
- Tobacco use among pregnant women has increased in recent years and is a major concern for the health of both mother and child
- Childhood vaccination rates in Lane County are too low to effectively protect against some communicable diseases like pertussis and measles

### Forces of Change and Community Themes

- Certain communities in Lane County have a significantly older population than the rest of the county/state/nation
- Lane County is growing more ethnically diverse, with an increasing Hispanic population
- In community forums, residents identified behavioral health, tobacco use, obesity, and diabetes as the most pressing needs in Lane County
- Increased access to oral health care was identified by both consumers and providers as a priority
- Due to budgetary constraints and the economic downturn, Lane County and other community service providers have been forced to cut back on services

### Priority Areas for Community Health Improvement

- Advance and Improve Health Equity
- Prevent and Reduce Tobacco Use
- Slow the Increase of Obesity
- Prevent and Reduce Substance Abuse and Mental Illness
- Improve Access to Health Care

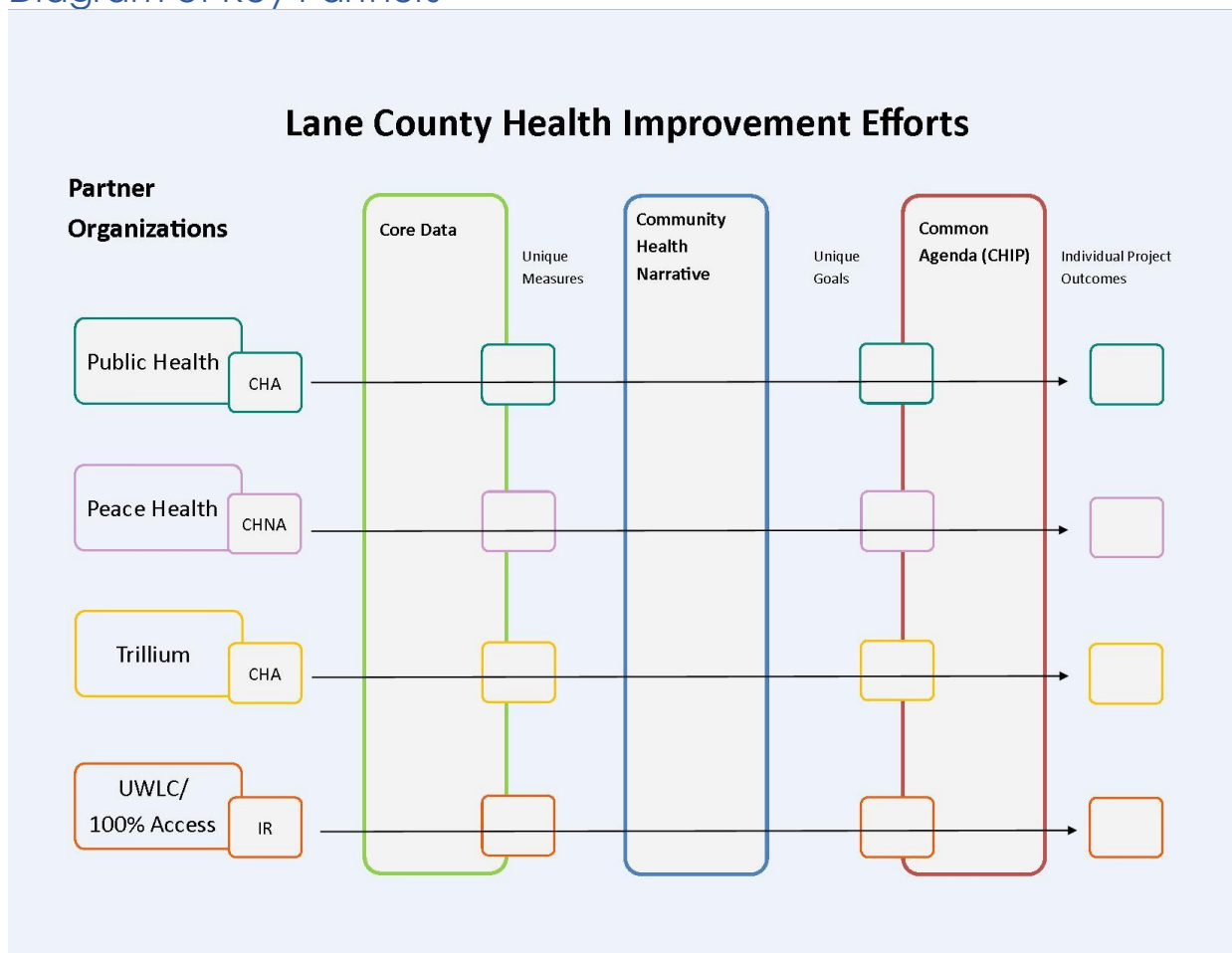
## Overview of CHA Process

### Narrative

In the early 2012, staff from Lane County Public Health and the Peace Health Oregon hospital system met to discuss the new incentives for each organization to engage in a Community Health Assessment and Improvement Planning process. The newly formed Public Health Accreditation Board (PHAB) released Standards and Measures requiring every health department seeking accreditation to complete a comprehensive Community Health Assessment in partnership with other health and social services organizations. The hospitals had also been newly incentivized by the Affordable Care Act, which included new IRS requirements that non-profit hospitals complete Community Health Assessments in conjunction with the local public health department. Staff members from both organizations attended a MAPP seminar in Denver in the Spring of 2012. Presented by NACCHO staff, this seminar provided invaluable assistance in understanding and utilizing the MAPP tool within Lane County.

When the Coordinated Care Organization for Lane County, Trillium, was formed in 2012, language was included in its governing documents that requires the CCO to participate in this Community Health Assessment as well.

### Diagram of Key Partners



## Method

The assessment process utilized by the Lane County partnership was adapted from the national Mobilizing for Action through Planning and Partnerships (MAPP) model, an evidence-based community-wide strategic planning process for improving community health. MAPP was developed by the National Association of County and City Health Officials (NACCHO) in order to help communities improve health through collaborative, community-driven strategic planning.

Rather than focusing on medical health outcomes and indicators to assess community health, MAPP takes a comprehensive approach of looking at the myriad factors that affect individual, family, and community health. Through a series of different assessments, the Lane County Health Assessment team looked at data that addressed quality of life, socioeconomic factors, systems and policy level infrastructure, as well as traditional physical and mental health indicators. By considering such wide-ranging information, the Lane County Health Assessment gives a full picture of health in our community.

MAPP includes four different community assessments: the Community Health Status Assessment (looking at data), the Community Themes and Strengths Assessment (surveys, key informant interviews, and conversations with the community), the Forces of Change Assessment (identifying the broad forces that would help or hinder the implementation of a Community Health Improvement Plan), and a Local Public Health System Assessment (assesses the capacity of the entire community public health system). To date, Lane County has completed the first two assessments. As we develop the action plan to implement the Community Health Improvement Plan, the Forces of Change and Local Public Health System Assessments will be completed and added to this report as an addendum.

## Community Presentations

During the course of the collecting information for the Community Health Assessment, the Lane County Community Health Assessment Team presented community health data and information on the assessment process to over thirty (30) community groups. Responses from the various audiences were tallied and are reflected in the Community Themes and Strengths Assessment at the end of this document.

	Group	Date
1.	100% Access Coalition	8/30
2	Cottage Grove Health & Human Services Coalition	9/11
3.	PeaceHealth Clinical Council	9/17
4.	PeaceHealth Health & Wellness Committee	9/26
5.	Emerald Rotary	10/10
6.	Cottage Grove Hospital Foundation	10/10
7.	Cottage Grove Community Foundation	10/11



## Lane County Community Health Assessment



8.	Trillium Community Advisory Council	10/15
9.	Volunteers in Medicine Board Retreat	10/18
10.	Eugene Metro Rotary	10/23
11.	Cottage Grove Hospital Leadership Team	10/24
12.	Governing Board of CGCH & Clinics	10/25
13.	PeaceHealth Bridge Assistance Team	10/30
14.	Springfield Rotary	10/31
15.	Florence Area Coordinating Council	11/7
16.	Cottage Grove Rotary	11/7
17.	Primary Care Breakfast Group	11/13
18.	Florence Rotary	11/13
19.	Lane Livability Consortium	11/13
20.	Lane County Public Health Advisory Committee	11/13
21.	Lane County Board of Commissioners/Board of Health	11/20
22.	Trillium – open forum	11/29
23.	Public Health Management	11/30
24.	Trillium’s Rural Advisory Council	12/6
25.	Cottage Grove Rotary	12/6
26.	Lane County Public Health Staff	12/6
27.	Local DHS Managers	12/7
28.	Lion’s Club	12/13
29.	Springfield City Club	12/20
30.	All Non-Profits Chamber of Commerce Cottage Grove	1/8
31.	Eugene City Council	
32.	Springfield City Council	
33.	Springfield School Board	2/11
34.	Lane County Mental Health Advisory/Local Alcohol & Drug Planning Committee	1/23
35.	UW Community Conversation	

## Demographics of Lane County

Lane County has a population of 351,715 residents according to the 2010 U.S. Census. The Eugene-Springfield area is the third-largest Metropolitan Statistical Area in the state. The Eugene-Springfield area is home to roughly 60% of Lane County residents and contains the majority of county health and social services. Lane County is 4,722 square miles, or roughly the size of the state of Connecticut. The county extends from the Pacific Ocean on the west to the Cascade mountain range on the east. Outside of the Eugene-Springfield area, Lane County is largely rural and unincorporated. The large geographic area of the county creates disparities in social service delivery, distance to health care facilities, and in access to healthy foods or safe environments to walk or bike between rural and urban community members.

## Socioeconomic Indicators

### Race/Ethnicity/Age

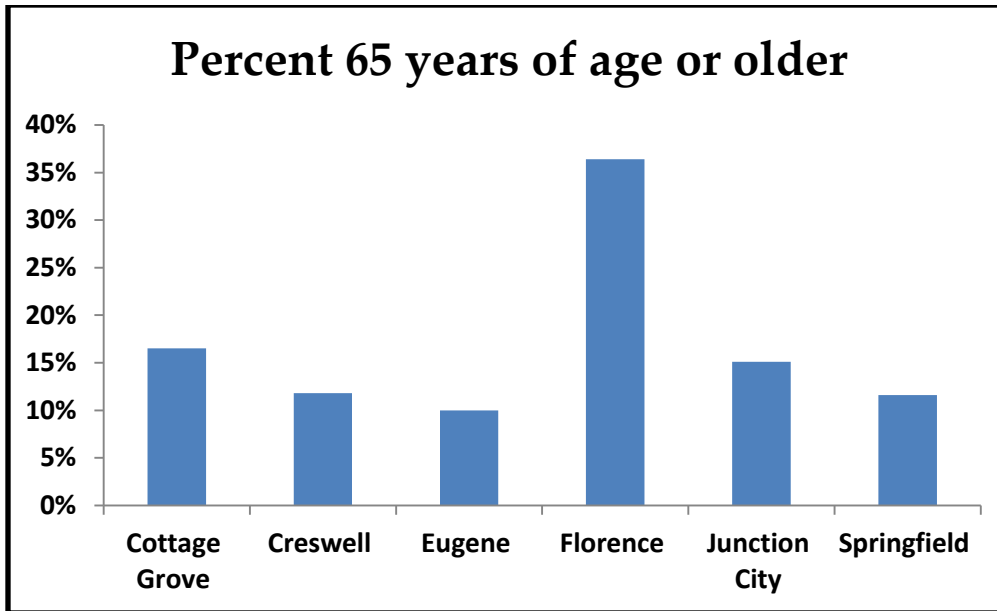
While Lane County as a whole is predominately white, several communities have much larger populations of Hispanic residents. The Springfield and Eugene metro area, along with several communities in south Lane County, are projected to continue this trend of an increasing Hispanic population.

Race and Ethnicity of Lane County Residents, 2010							
City	Total Population	White	Black	American Indian	Pacific Islander	Asian	Hispanic
Cottage Grove	9,686	90.4%	0.3%	1.3%	0.1%	1.1%	8.0%
Creswell	5,031	89.6%	0.4%	1.0%	0.1%	1.0%	8.6%
Eugene	156,185	85.8%	1.4%	1.0%	0.2%	4.0%	7.8%
Florence	8,466	92.5%	0.3%	1.3%	0.3%	1.0%	5.4%
Junction City	5,392	90.4%	0.7%	1.3%	0.1%	0.6%	9.0%
Springfield	59,403	85.9%	1.1%	1.4%	0.3%	1.3%	12.1%
Lane County	351,715	88.3	1.0%	1.2%	0.2%	2.4%	7.4%
Oregon	3,831,074	83.6%	1.8%	1.4%	0.3%	2.4%	11.4%
United States	308,745,538	72.4%	12.6%	0.9%	0.2%	4.8%	16.3%

Source: United States 2010 Census

Several rural communities in Lane County have significantly older populations than the county as a whole. While in Eugene only 10% of residents are 65 years of age or older, in Florence 36.4% of residents are 65 or older. Aging populations require different (and increasing) services and care than communities of younger residents.





### Income/Poverty

Poverty is correlated with poor health. In Lane County the poverty rate is slightly higher than both the state and nation, with several communities experiencing significantly higher rates of poverty. Racial and ethnic minority groups, women, and children are disproportionately impacted by poverty. Half of all children in Lane County are enrolled in the Oregon Health Plan, Oregon's Medicaid program.

City	Median Household Income	Per Capita Income	Percent living below the poverty line	Percent on Oregon Health Plan
Cottage Grove	\$41,720	\$19,605	15.6%	36.6%
Creswell	\$45,956	\$21,090	16.9%	31.9%
Eugene	\$51,233	\$27,141	20.7%	17.8%
Florence	\$33,586	\$24,663	12.7%	
Junction City	\$40,195	\$20,496	13.4%	40.4%
Springfield	\$36,198	\$19,023	19.0%	29.5%
Lane County	\$42,923	\$23,869	16.7%	17.7%
Oregon	\$49,260	\$26,171	14.0%	
United States	\$51,914	\$27,334	13.8%	---

Source: United States 2010 Census; LIPA enrollment data

### Education

An individual's income and education level are known to be linked to health status, quality of life, and longevity. Those individuals with a college degree live an average of seven (7) years longer than those



who don't finish high school<sup>1</sup>. While more educated individuals are more likely to have “good health behaviors” this does not entirely account for the difference in health status. They are also more likely to have better access to health care.

In general, Lane County residents are more likely than the state or nation as a whole to complete high school, Springfield being the notable exception with only 83.9% of residents holding a high school diploma. Eugene, home to the University of Oregon, has the highest number of adults over the age of 25 holding a bachelor's degree.

Educational Attainment in Lane County		
City	Percent with High School Diploma	Percent with Bachelor's Degree
Cottage Grove	88.0%	11.7%
Creswell	86.0%	12.3%
Eugene	89.3%	40.2%
Florence	90.5%	19.6%
Junction City	86.1%	11.5%
Springfield	83.9%	15.3%
Lane County	89.9%	27.7%
Oregon	88.6%	28.6%
United States	85.0%	27.9%

Source: United States 2010 Census

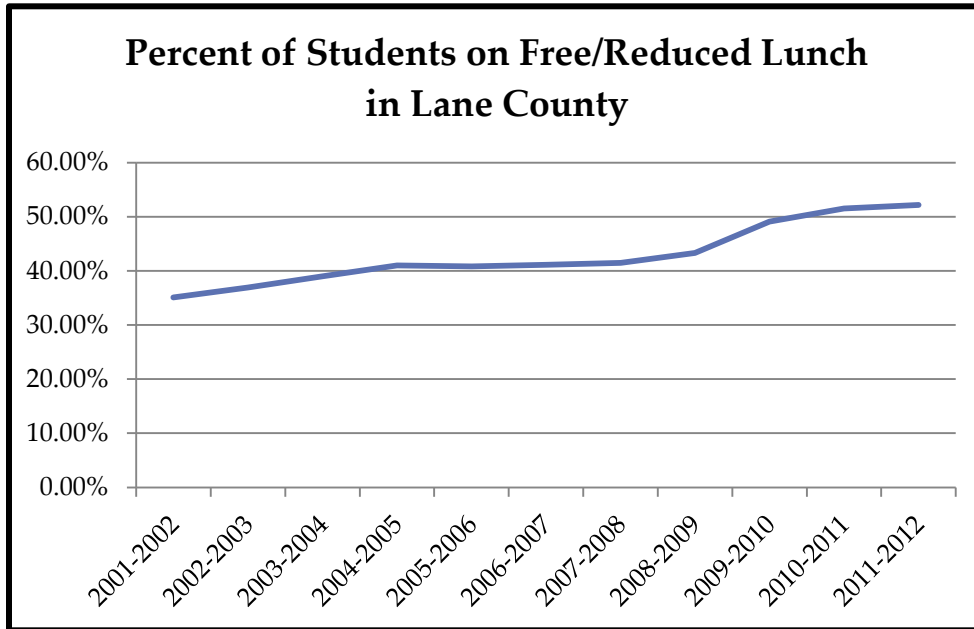
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<sup>1</sup> Meara et al, 2008.



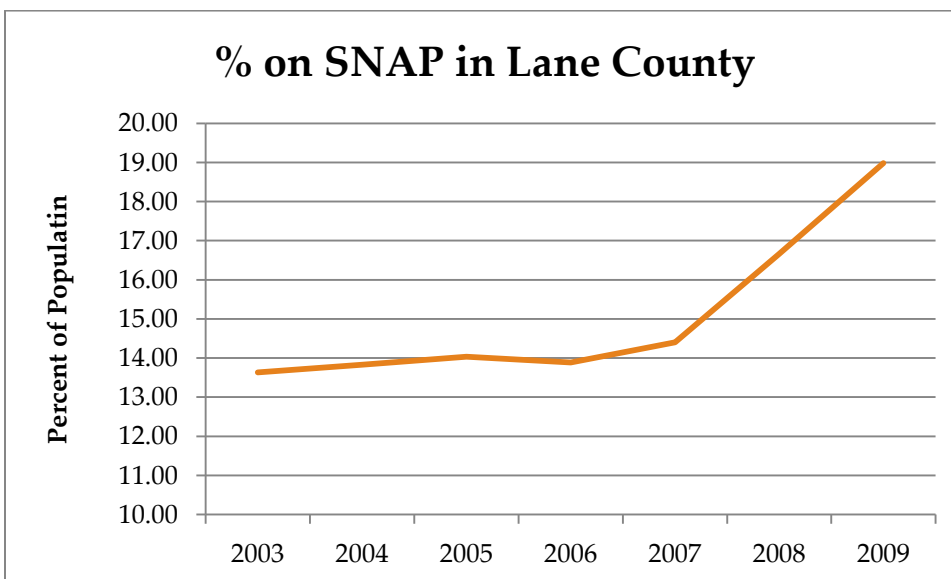
### Food Security

The number of school children receiving free or reduced price school lunches is a strong indicator of childhood and family poverty within a community. The percent of students receiving such lunches at school has risen steadily over the last decade. Currently more than half of children in Lane County receive free or reduced price school lunches.



Source: Oregon Department of Education, CNP Statistics

The number of individuals enrolled in the Supplemental Nutrition Assistance Program (sometimes referred to as “food stamps”) has increased dramatically in recent years. In 2009 (the most recent available data) 18.9% of Lane County residents received some SNAP benefits.



Source: Economic Research Service, US Department of Agriculture

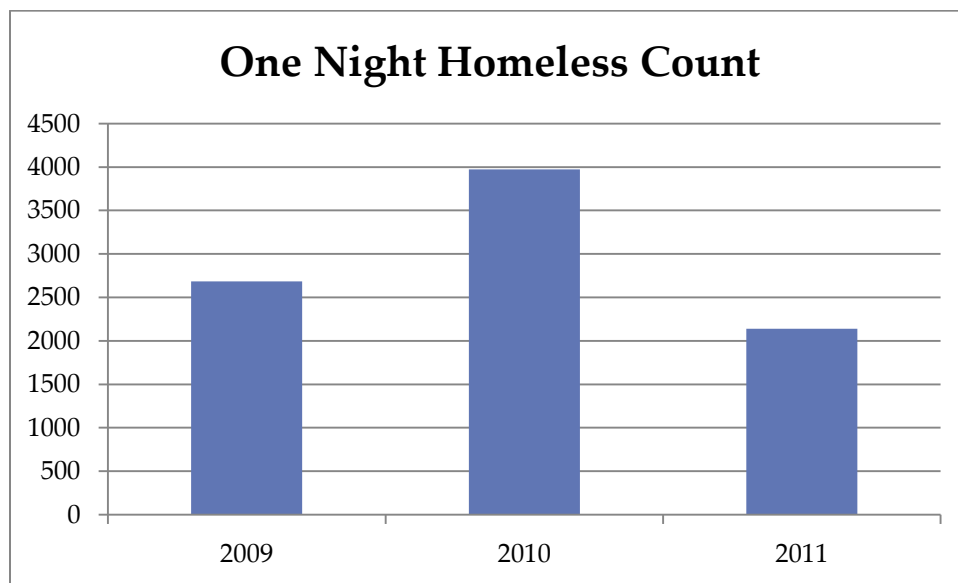


### Unemployment

The economic recession of the mid-2000s caused significant unemployment in Lane County and has contributed to the decline in services provided by municipalities, government agencies, and non-profit organizations. While unemployment is slowly improving, many families in Lane County continue to experience economic distress.

### Homelessness

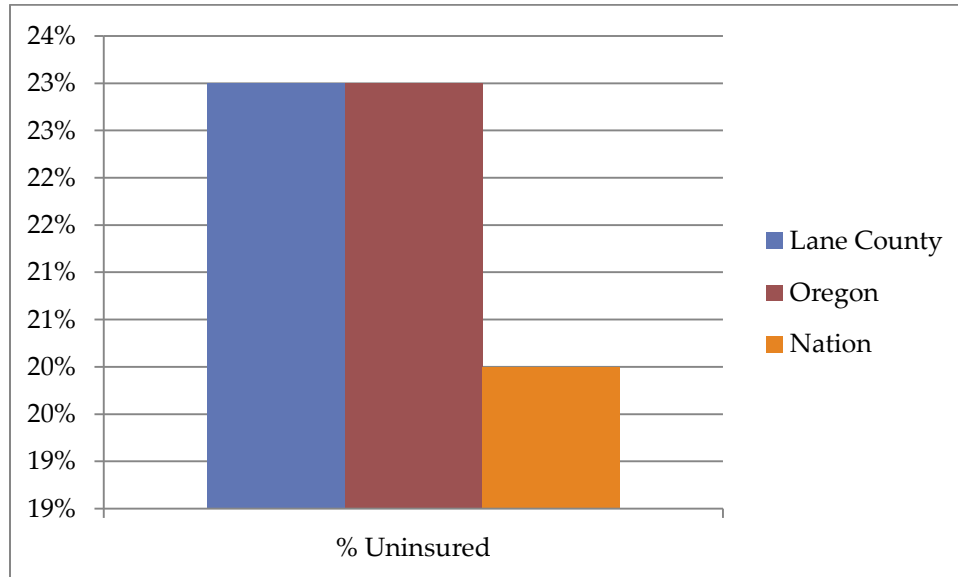
Homelessness is a significant issue in several Lane County communities. In the 2010-2011 school year 5% of students (2285 children) were homeless (source: Oregon Department of Education). Additionally, an annual count in January of homeless individuals (both sheltered and unsheltered) enumerates thousands of unhoused individuals in Lane County.



Source: Lane County Human Services Commission; One Night Homeless Count 2009-2011

### Access to Care – Health Insurance

In comparison to the Nation, Lane County and Oregon residents are more likely to be uninsured, with 23% of residents uninsured. In 2014, The Affordable Care Act could make a dramatic impact on these rates.



Source: Oregon BRFSS 2006-2009; National BRFSS 2010

### Oregon Health Plan Members

Lane County's CCO, Trillium, manages the Oregon Health Plan, OHP, benefits for Lane County residents. Due to the eligibility criteria for OHP, Trillium's members represent a much larger share of children and young people less than 18 years of age than is reflected in countywide data. One in five members is under the age of six. Demographic differences include:

Demographic	Trillium	Lane County
Working Age Individuals	34%	53%
Seniors	6%	15%
Females	55%	50%
White/Non-Hispanic	80%	84%
Under 18 years of age	51%	19%

Although the five identified priorities for the county assessment apply to OHP members, strategies to address these priorities specifically for this population may take a more preventive approach.

Behavioral health, tobacco use, chronic diseases and are the leading healthcare cost drivers and most common health conditions reported among all Trillium consumers. Most of these conditions are preventable. Given that more than half of Trillium consumers are children, there is substantial potential to improve targeted prevention activities for youth that would improve health outcomes later in life.

## Assessment Findings

This section details the community health indicators that were considered by the Lane County Community Health Assessment team. Data was compiled from national, state, and local sources and include a broad sampling of community health measures.

In Lane County, as throughout the rest of the nation, health status and quality of life are intimately tied to numerous social and environmental factors including income, poverty, race/ethnicity, education level, geographic location, and employment status. These factors are known as the *social determinants of health*. Individuals who are experiencing poverty, unemployment, are less educated, or are Hispanic, Black, or Native American are more likely to experience poorer health, have higher rates of chronic conditions such as obesity and diabetes, and are more likely to smoke than those individuals of a higher socioeconomic status. Concerted efforts aimed at reducing these health disparities will be a priority area for the Lane County community moving forward in health improvement efforts.

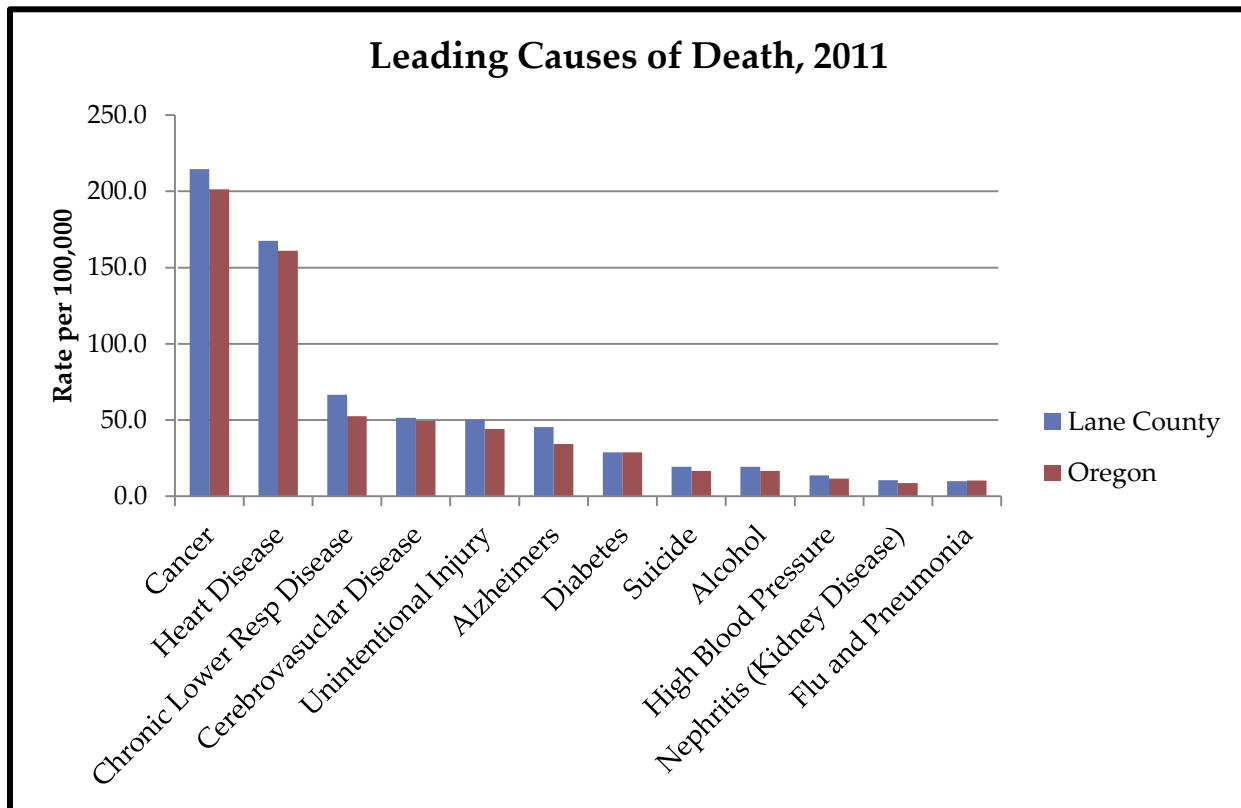
The following table lists health indicators included on the annual County Health Rankings published by the Robert Wood Johnson Foundation. “Strengths” reflect the indicators on which Lane County performed better than the state and national averages or benchmarks. Those indicators under “Room for Improvement” were similar to the Oregon averages but are areas of concern for certain Lane County communities. “Challenges” are areas where Lane County is doing worse than Oregon and the nation and where additional attention is needed.

	Strengths	Room for Improvement	Challenges
<b>Mortality</b>	Premature death rate		
<b>Socioeconomics</b>		Unemployment High School Graduation Inadequate social support	Children in poverty Violent Crime Rate Children in single-parent households
<b>Environment</b>		Fast good restaurants Daily fine particulate matter Limited access to healthy foods	
<b>Health Behaviors and Outcomes</b>	Teen birth rate Physical activity		STIs (Chlamydia) Adult smoking Adult obesity
<b>Clinical Care</b>	Preventable hospital stays	Mammography screening Primary Care Physicians Diabetic screening Dentists	Uninsured

## Community Health Status

### Leading Causes of Death

The leading causes of morbidity and mortality in Lane County are chronic diseases such as cancer, heart disease, respiratory illness, and Alzheimer's. Behavioral risk factors such as physical inactivity, poor nutrition, and tobacco and substance abuse contribute to many of these cases of chronic disease. Tobacco and obesity are the two leading root causes of death in both Lane County and Oregon.



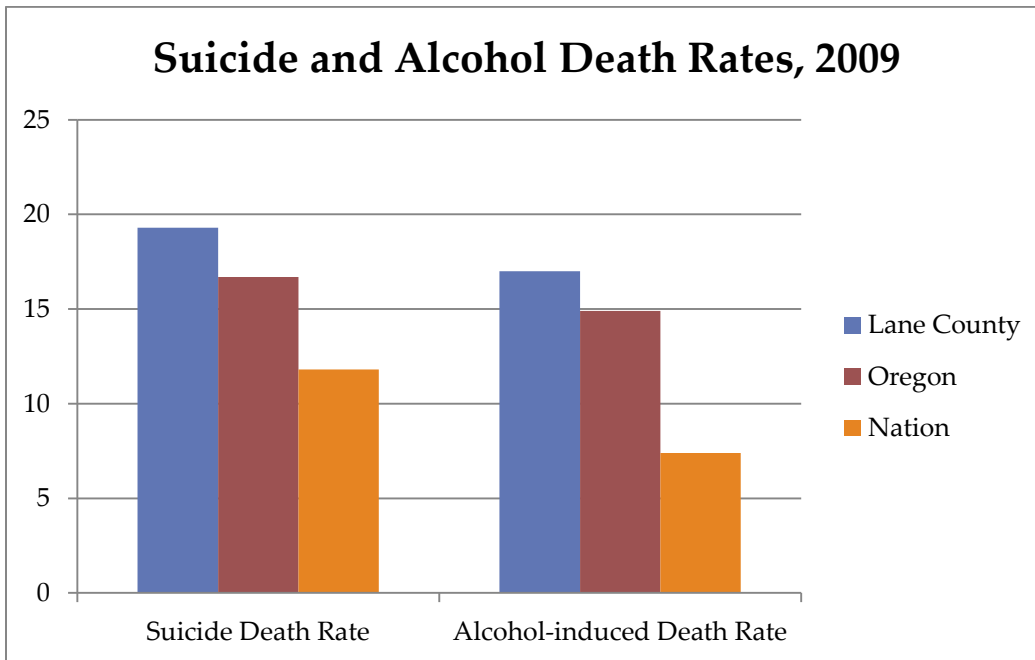
Source: Oregon Vital Statistics County Databook, 2011





## Suicide and Alcohol-Related Deaths

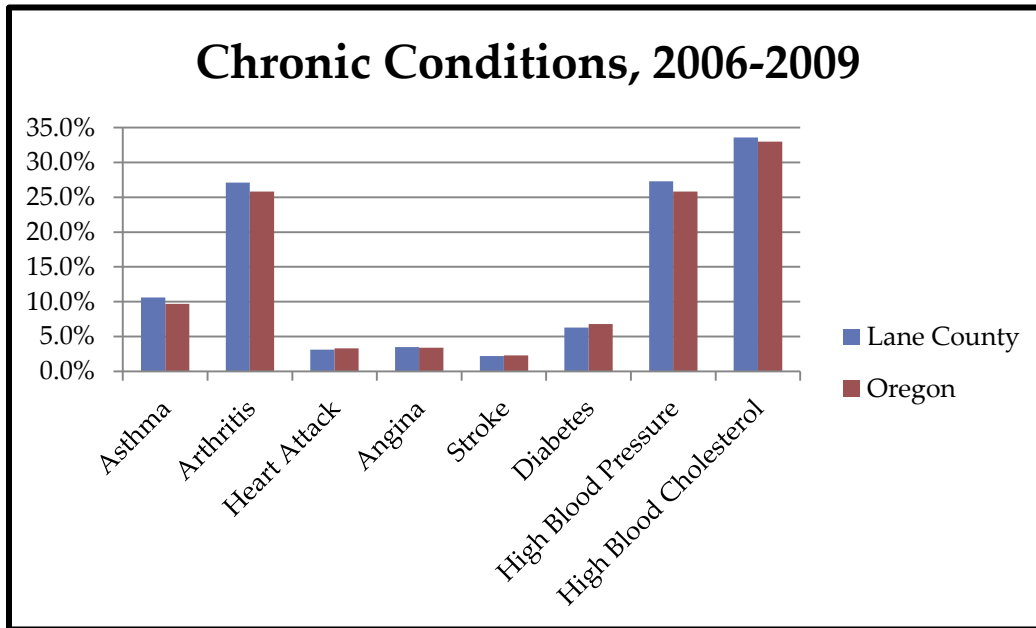
Lane County has significantly higher rates of suicide and alcohol-induced deaths than the nation as a whole. These high rates indicate a heavy burden of mental illness and substance abuse within the community.



Source: Oregon Vital Statistics County Databook 2009; National Vital Statistics Report 2009

## Chronic Conditions Prevalence

Chronic conditions are those illnesses and conditions that individuals live with for years. These conditions can have a significant effect on quality of life. Chronic conditions are more prevalent as individuals age. As the population of Lane County grows older, management and mitigation of chronic conditions will continue to be an important aspect of community health work.



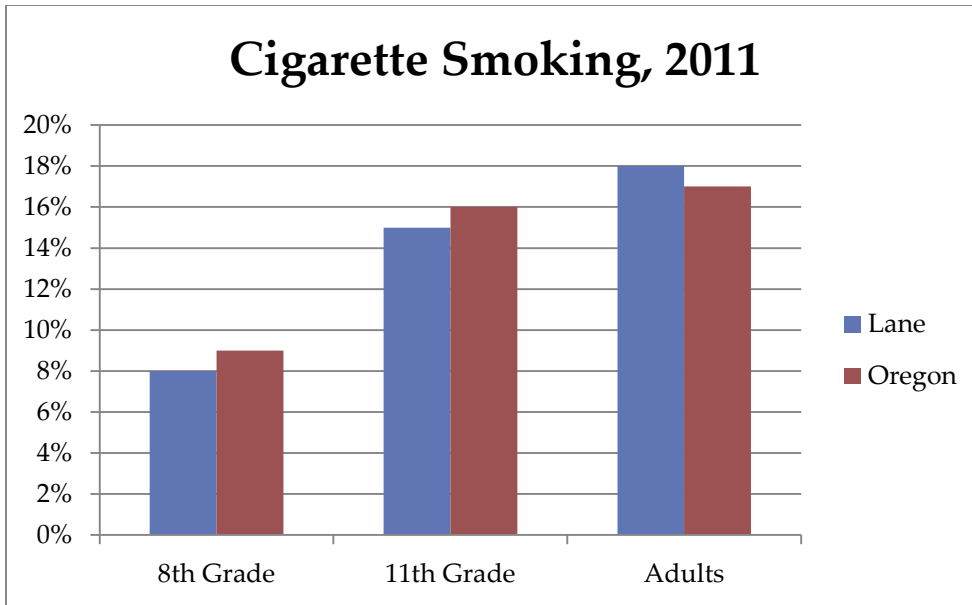
Source: Oregon BRFSS, 2006-2009 County Results

## Tobacco

Tobacco remains the leading cause of preventable death in Lane County, contributing to 23% of all deaths in the county. 18% of Lane County adults report being current smokers. Use of tobacco is significantly higher among persons experiencing poverty, mental illness, and substance abuse. Statewide data indicate that smoking rates vary significantly by income: over 30% of residents with an income under \$15,000 smoke, while fewer than 10% of residents with an income of at least \$50,000 are current smokers. Ethnic minorities are also more likely to smoke – over 30% of Native Americans and 29% of African Americans smoke in comparison to 14% of non-Hispanic whites<sup>2</sup>.

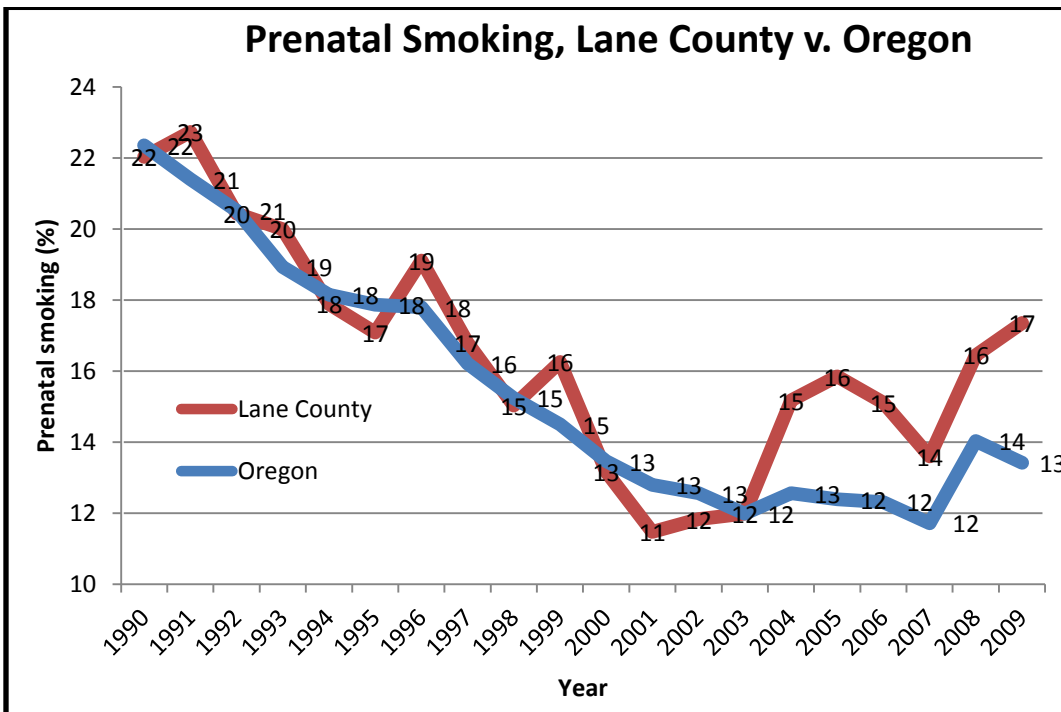
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<sup>2</sup> Oregon Tobacco Facts and Laws, 2011



Source: Lane County Tobacco Fact Sheet, 2011

Prenatal smoking is of particular concern to the Lane County community as reflected in both the data and in responses from community members and leaders. While the state of Oregon has seen a general decrease in the rate of tobacco use among pregnant women, the rate in Lane County has begun climbing upwards once more, reaching 17% in 2009 compared with a rate of 13% for the state.



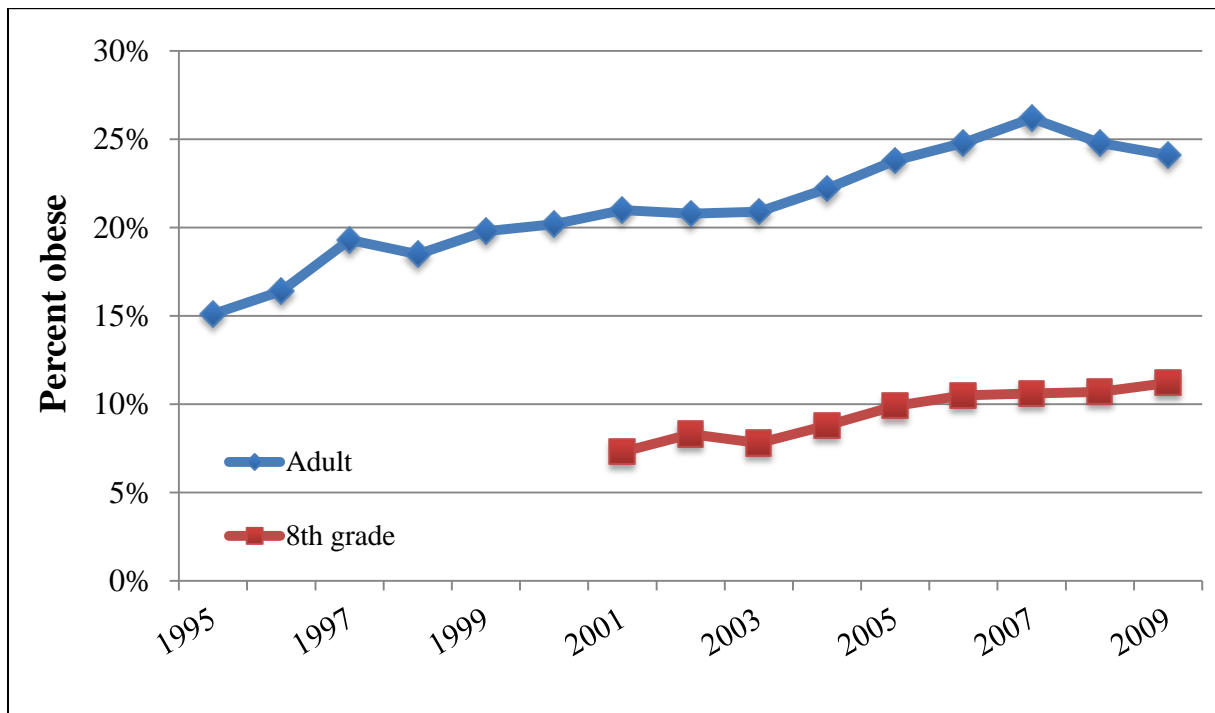
Source: Oregon Vital Records data



Youth smoking rates in Lane County are similar to those of the state. Cigarette smoking among youth has been declining in recent decades. 8.4% of Lane County 8<sup>th</sup> graders and 15% of 11<sup>th</sup> graders report smoking cigarettes in the past month<sup>3</sup>

## Obesity

Overweight and obesity together are the second leading cause of preventable death in Oregon. Obesity is a major contributing factor to many chronic conditions such as diabetes, heart disease, high cholesterol, and mobility problems. Obesity rates in Lane County have followed the national trend of dramatic increases over the past two decades. Over half of adults in Lane County are obese or overweight; these rates are projected to continue to increase in the future.



Source: Oregon BRFSS

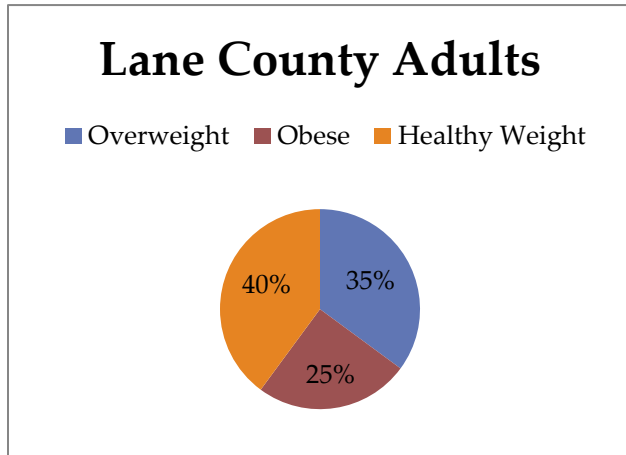
Obesity and overweight are inequitably distributed throughout our society, impacting low-income minority populations at higher rates. Persons with mental illnesses are also far more likely to be obese than those without such conditions. Major depressive disorder and bipolar disorder symptoms often disrupt appetite, motivation, energy, and sleep, all of which can contribute to weight gain<sup>4</sup> Efforts to

<sup>3</sup> Oregon Healthy Teens survey 2007-2008 combined data

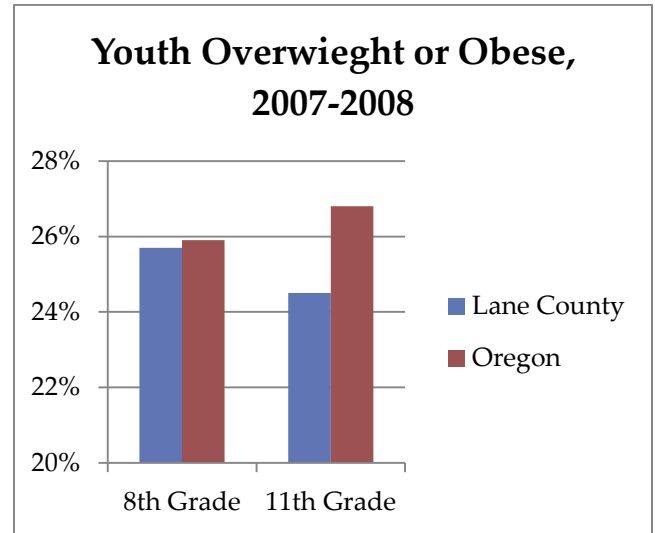
<sup>4</sup> Taylor, Valerie MD. "Beyond Pharmacotherapy: Understanding the Links Between Obesity and Chronic Mental Illness." *Canadian Review of Psychiatry*, 2012 January; 57(1): 13-20.

drive the obesity rate down must target specific populations and the environments in which those individuals conduct their lives.

Statewide, Oregon Health Plan consumers are roughly 50% more likely to be obese than the general population; this difference is expected to be similar although somewhat less pronounced in Lane County due to the demographic make-up of the county.



Source: Behavioral Risk Factor Surveillance System, 2006-2009 age-adjusted



Source: Oregon Healthy Teens Survey

Oregon and Lane County youth have not been immune to the rising rates of obesity. Approximately 25% of youth in both 8<sup>th</sup> and 11<sup>th</sup> grades are either overweight or obese. Lack of physical education in schools, excess consumption of sugar-sweetened beverages, poor nutrition, and increased time in front of computer and television screens have all contributed to this increase in youth overweight.

## Substance Abuse

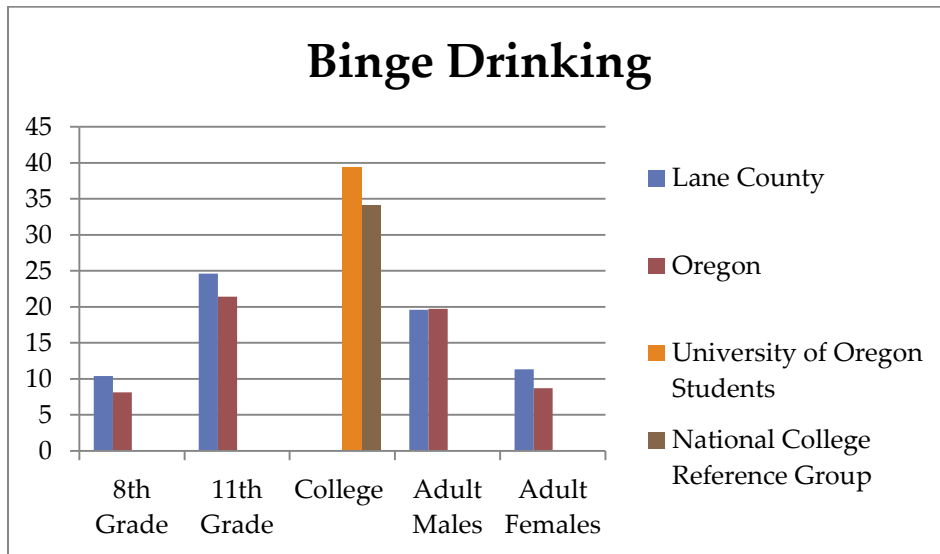
### Alcohol

Alcohol is the most commonly used/abused drug among youth in the United States; more than tobacco, marijuana and methamphetamine. Preventing underage drinking is important because of the consequences associated with underage drinking; including accidents, unplanned or unwanted sexual activity, legal problems, effects on brain development and the potential for developing other lifelong problems. People who start drinking before the age 15 are five (5) times more likely to develop abuse or dependence later in life than those who start after age 21.

Additionally, binge drinking is a significant risk factor for injury, violence, and chronic substance abuse, and is of particular concern in Oregon given the high number of alcohol-induced deaths. Binge drinking is defined as 5 or more drinks (4 for females) in a single sitting. More than 90% of the alcohol youth drink is while binge drinking. Binge drinking generally results in a Blood Alcohol Content (BAC)

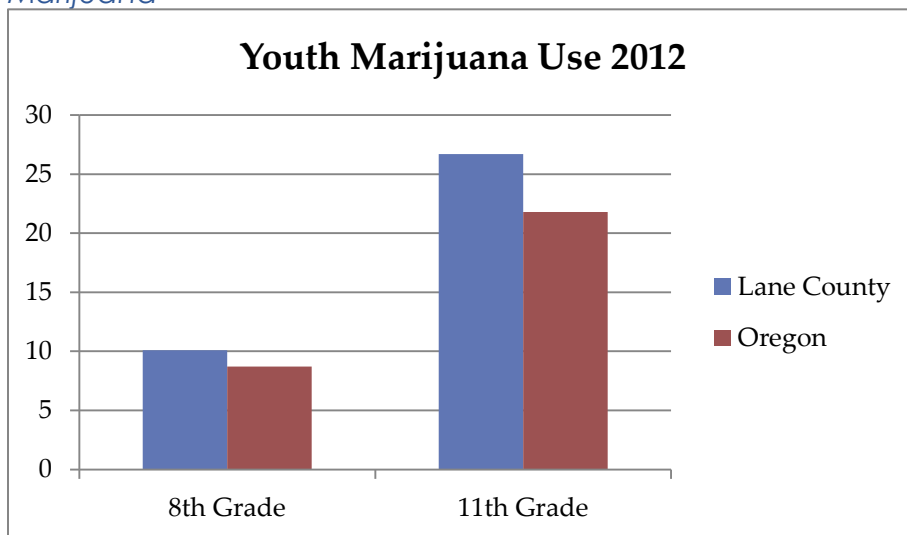


of at least 0.8 (the legal limit for driving). People who binge drink are 14 times more likely to report drinking and driving<sup>5</sup> than those who do not.



Source: Oregon Student Wellness Survey; American College Health Association National College Health Assessment; Oregon Behavioral Risk Factor Surveillance System

## Marijuana



Use of marijuana among youth in Lane County is higher than the rates of the state. Over 26% of Lane County 11<sup>th</sup> graders report smoking marijuana in the past 30 days compared to 21.8% of Oregon teens on average.

Source: Oregon School Wellness Survey, 2012

<sup>5</sup> CDC Vital Signs Binge Drinking, 2012

## Dental/Oral

Access to dental care has been identified by medical and social services providers as a significant problem in Lane County. In 2005-2006 there were 6,718 emergency department visits for dental problems; 48% of these patients were uninsured. From 2002-2007 tooth decay, untreated tooth decay, and rampant decay among Oregon 1<sup>st</sup> and 2<sup>nd</sup> graders worsened, and there is no reason to suspect that Lane County children were immune from this decline.

## Mental Health

Mental illness refers to a wide range of mental conditions, including disorders that affect mood, thinking and behavior. Mental illness can be highly stigmatized, often underdiagnosed and undertreated. According to 2011 Client Process Monitor System, CPMS, data, Lane County provided mental health treatment services to over 14, 000 residents; 8,628 adults and 5,532 youth. Individuals with a current mental illness are more than twice as likely to smoke cigarettes and more than 50% more likely to be overweight/obese than those without a mental illness.<sup>6</sup> Mental illnesses have significant impacts on an individual's quality of life, often negatively affecting employment, family ties and social networks, physical health, resiliency to stressors, and connection to the community. Prejudice and discrimination are major barriers to recovery for people who have mental health problems. They are among the reasons why nearly two-thirds of all people with diagnosable mental illness do not seek treatment.<sup>7</sup>

## Depression

Depression can have a significant impact on one's life. It can affect your physical health, sleep, increase weight, withdrawal from social contact, increase use and abuse of alcohol and other drugs and increase suicidal tendencies. 64.1% of Lane County adults reported that they had no poor mental health in the past 30 days, compared to 66.4% of Oregon adults<sup>8</sup>. 25% of Lane County adults reported limitations in their usual activities due to poor physical or mental health.

BRFSS Fair/Poor Mental Health Days: "For how many days during the past 30 days was your mental health not good?"

Lane County	Oregon	National Benchmark
3.7	3.3	2.3

Lane County youth experience depression at a higher rate than the state average. According to the 2011 Student Wellness Survey, 21.3% of 6<sup>th</sup> graders, 24% of 8<sup>th</sup> graders and 29% of 11<sup>th</sup> graders

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<sup>6</sup> Compton, MT. "Cigarette smoking and overweight/obesity among individuals with serious mental illnesses: a preventive perspective." *Harvard Review of Psychiatry*. 2006 July-August; 14(4):212-22

<sup>7</sup> SAMHSA ADS Center, 2008

<sup>8</sup> Oregon Behavioral Risk Factor Surveillance Survey, 2006-2009 (age-adjusted)





answered 'Yes' to the question: 'During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?'

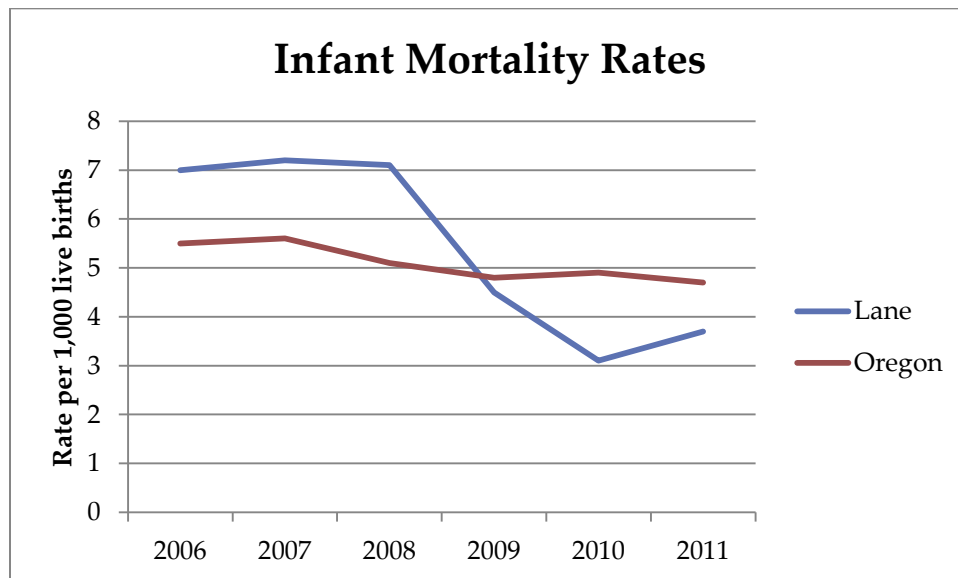
Depression has been identified as a top priority for Trillium, Lane County's Coordinated Care Organization. Depression is the most common illness/condition for which Oregon Health Plan members seek care (9% of OHP members were treated for depression between August 2011 and August 2012).

The county is required to submit a Biennial Mental Health and Addictions Plan to the State Oregon Health Division. The 2013-2015 plan was submitted earlier this year and includes more detail on the needs, gaps and priorities regarding these issues.

## Maternal/Child Health

### *Infant Mortality*

Infant mortality rates are a traditional measure of maternal health and wellbeing. Infant mortality is intricately tied to prenatal care, smoking during pregnancy, and poor nutrition. The recent trend in Lane County is very promising, with declining rates of infant mortality in the past few years from well above the state average to slightly below.

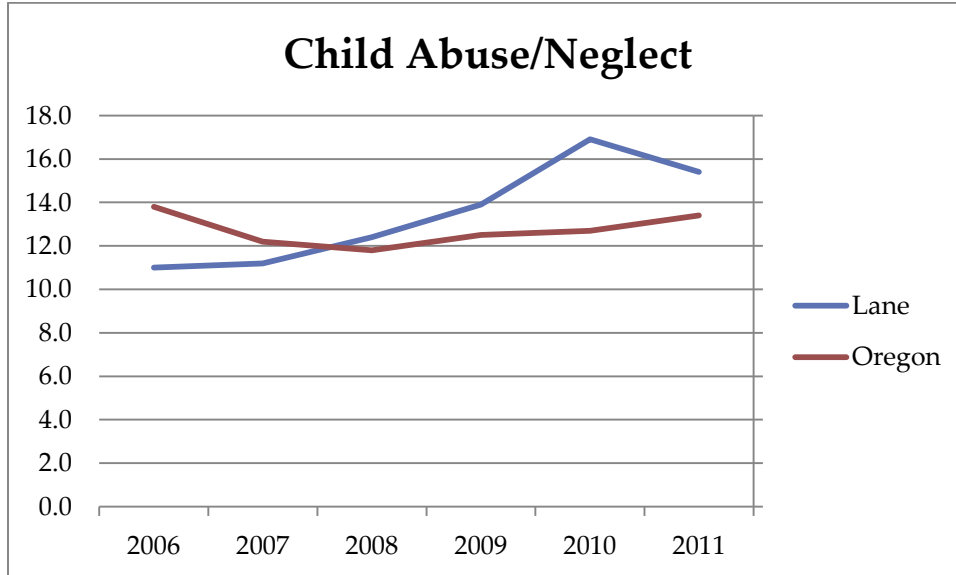


Source: Oregon Vital Statistics County Databook



### Child Abuse/Neglect

Child maltreatment is a serious concern in Lane County, one that is reflected in both the data and in conversations with community members and local leaders. Rates of victimization in Lane County have been higher than the state for the past several years, as seen the chart below.



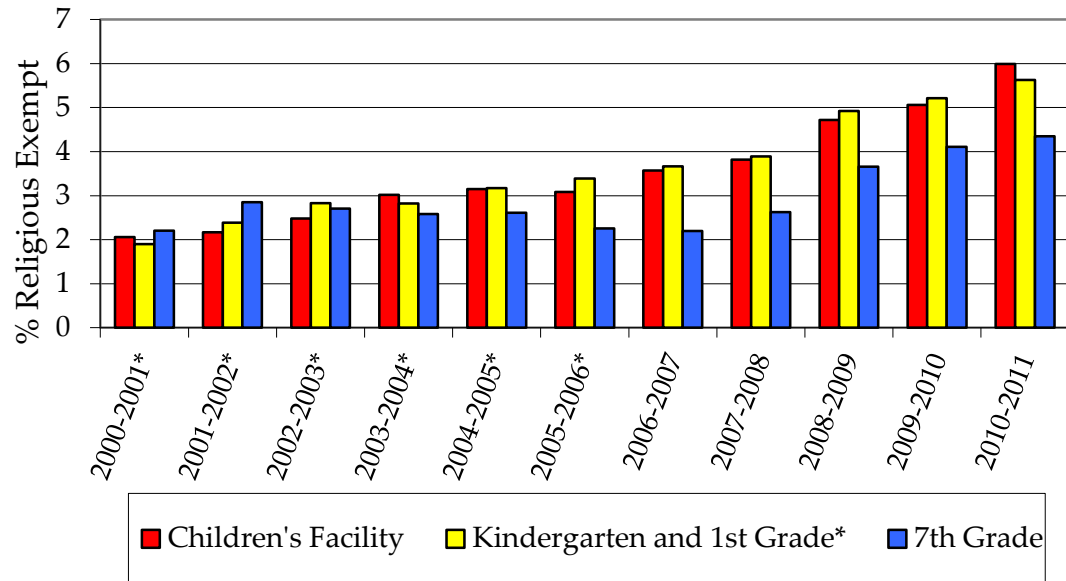
Source: Oregon Child Welfare Data Book, Oregon CAF; rate is per 1,000 children

### Immunizations

Effective vaccines have played a crucial role in the reduction in child mortality seen in the past hundred years. Many of the diseases that children are vaccinated against are highly contagious and spread quickly through unvaccinated populations. In Lane County, 77.2% of two-year-olds receive the MMR vaccine which is insufficient to prevent outbreaks of measles (a vaccination rate of between 83-94% is required). Lane County has one of the highest rates of religious exemptions in the state, placing the community at a heightened risk of outbreak among unvaccinated groups. OHP members, however, are somewhat more likely to be immunized than non-OHP members.



## Religious Exemption Rates, 2000-2011





## OHP Population – Most Prevalent Conditions

Oregon Health Plan members, while generally in line with the health trends and concerns of the general county population, have several unique health burdens and priority areas. Depression is the most common health condition for which OHP members seek medical care (9% of all members). As these statistics were compiled from claims data, they are under-representative of the true burden of these conditions in the OHP population.

Adult smoking rates among Oregon Health Plan adult consumers are almost twice as high as non-OHP consumers. Statewide, OHP consumers are nearly twice as likely to have asthma as the general population.

ACA Condition	Number of Members	% of Members
Depression	4919	9%
Asthma	3886	7%
Bipolar Disorder	3658	7%
Tobacco Use	3205	6%
PTSD	2615	5%
Attention Deficit Disorder	2325	4%
Child Obesity	2238	4%
Diabetes	2238	4%
Chemical Dependency	1920	3%
Adult Obesity	1865	3%

Source: ACA Conditions in the Trillium Community Health Plan Medicaid Population, 2012

## Community Themes and Strengths Assessment

### Presentation feedback/questionnaires

When the Lane County Community Health Assessment team began presenting data to community groups in August of 2012, attendees were asked to respond to the presentations and suggest additional areas of focus for the team. Over 50 responses were returned, with a wide range of suggested priorities and additional data sources. The vast majority of these suggested priorities closely mirrored the themes that emerged from the data. Respondents were asked eight open-ended questions and encouraged to write their responses during the presentations. Below is a snapshot of the most prevalent responses.

#### **1. Are there vulnerable populations that were not mentioned that we should look at?**

Populations that were recommended for additional focus included veterans, the homeless, undocumented persons, single-parent households, people with mental and behavioral health issues, rural residents, and the un/under-employed.

#### **2. What drivers or root causes of these deaths should we focus on?**

Top drivers were: tobacco prevention and cessation, healthy nutrition and eating, physical activity, poverty and socioeconomic status, and mental illness.

#### **3. What chronic conditions are of particular concern to you?**

Those conditions mentioned most frequently were diabetes, obesity, depression/mental health, asthma, chronic pain, and addiction.

#### **4. Which social determinants of health (those factors of our social, economic, and physical environments that improve or impede a healthy lifestyle) should we focus on?**

Respondents indicated that affordable housing, poverty, education, access to health care, food security, and local economic development all had a significant impact on health in the community.

#### **5. What, if any, healthcare access issues not addressed in the presentation are of particular interest to you?**

Transportation, dental care and lack of providers, mental health & substance abuse treatment, access to naturopathic care, recruitment of providers, access to care for rural patients, and affordability of medications were cited as additional access issues in Lane County.

#### **6. Which behavioral risk behaviors are of most concern to you?**



Drug use, inadequate physical activity, tobacco, diet, alcohol, and prenatal smoking were the behavioral risk factors of most concern to respondents.

**7. Are there other areas concerning maternal/child health that we as a community need to address?**

Tobacco, prenatal drug/alcohol exposure, contraception access, parenting education and guidance, poverty, maternal obesity, immunization rates, and adverse childhood events (ACEs) were all requested as areas for additional focus.

### Community Advisory Coalition Feedback

The Community Advisory Coalition (CAC) has been involved throughout much of the Community Health Assessment and Community Health Improvement Plan (CHIP) process. CAC members participated in the health assessment where appropriate and took the surveys back to their home organizations for distribution. Two CAC consumer members were part of the larger agency planning workgroup, and the CAC also has a workgroup focused specifically on the health assessment and health improvement plan. This workgroup of the CAC has been giving input throughout the process and most recently has been discussing how to prioritize the CHIP for the Trillium population. The larger CAC as well as the Rural Advisory Committee (RAC) have heard presentations about the health assessment and more recently about the CHIP. At a March CAC meeting, members, including the three RAC members on the CAC, heard a formal presentation about the CHIP, and the advisory council had the opportunity to share their input, ideas and feedback.

Since the CAC is looking at the community health assessment from the perspective of the Oregon Health Plan (OHP) population, particular health issues stood out and were concerning to members.

- Tobacco use is among the top five reported claims for Trillium, and the prevention workgroup of the CAC has already put forth a tobacco prevention plan to address this issue that was approved by the Trillium Board of Directors.
- From the data, we also know that depression and other behavioral health conditions pose a significant, preventable health burden for OHP members.
- Statewide, OHP consumers are 50% more likely to be obese than the general population and this difference is expected to be fairly similar in Lane County. Obesity is one of the more commonly diagnosed conditions among OHP consumers.



- Qualitative data from the community health needs assessment points to affordable transportation options, access to care for rural consumers to be greater needs for OHP consumers than for the general population.

## Key Informant interviews

Between August 27 and October 15, 2012, thirty-six key informants with strong leadership and policy knowledge were personally interviewed using a questionnaire instrument made available through NACCHO resources.

The key informants were selected from the following sectors: social services, medical services, law, business, government, education, environment, faith, media, emergency services, philanthropy, and community service. The average length of residence in Lane County was slightly over 32 years and the average number of years in their current position exceeded 14 years except for those key informants who were currently retired. Nearly two-thirds of the key informants were female.

Key informants by sector (percent of total):

Social Services	19.4
Medical Services	16.7
Law	11.1
Business	11.1
Government	8.3
Education	8.3
Community	8.3
Environment	5.5
Faith	2.8
Media	2.8
Emergency Services	2.8
Philanthropy	2.8
TOTAL	99.9

Regarding whether our residents' health and quality of life have improved, stayed the same, or declined, the majority opinion concluded that there has been a decline over the past few years. A quarter of the interviewees thought things were about the same and a few informants expressed a rosier view with improvements in our health and quality of life.

Nearly two-thirds of the responses were overwhelmingly centered on social determinants of health factors including employment, poverty, access to affordable healthcare and housing due to the stressful economic recession and cuts in services as the basis for their opinions regarding health and quality of





life in Lane County. There was a small set of positive responses (17.4%) about our county's improvements, including improving air quality, increased access to tobacco free sites, tourism and recreational opportunities, and appreciation for community collaborative efforts. Behavioral risk factors were also cited as basis for opinions regarding declining health and quality of life, including obesity, substance abuse, stress, tobacco use, and mental health concerns.

**Q: In general, how would you rate health and quality of life in Lane County?**

	Number	%
<b>Good to Excellent</b>	11	30.5
<b>Fair – Medium – Moderate</b>	6	16.7
<b>Better than Other Places</b>	9	25
<b>Depends on SES</b>	10	27.8
<b>TOTAL</b>	36	100

**Q: Why do you think it has improved, declined, or stayed the same?**

	Number	%
<b>Social Determinants Total</b>	<b>37</b>	<b>64.9</b>
<b>Employment</b>	16	28.0
<b>Poverty/Access to Healthcare</b>	11	19.3
<b>Child Mistreatment</b>	4	7.0
<b>Education</b>	3	5.3
<b>Affordable Housing</b>	3	5.3
<b>Behavioral Risk Factors Total</b>	<b>8</b>	<b>14.0</b>
<b>Obesity</b>	3	5.3
<b>Stress</b>	2	3.5
<b>Alcohol/drug/Mental Health</b>	2	3.5
<b>Positive Comments Total</b>	<b>7</b>	<b>12.3</b>
<b>Smoking Bans</b>	1	1.8
<b>Improved Behavioral Risks</b>	1	1.8
<b>Fewer in hazardous jobs</b>	1	1.8
<b>Access improved</b>	1	1.8
<b>More social cohesion</b>	1	1.8
<b>New hospital</b>	1	1.8
<b>Air quality improved</b>	1	1.8
<b>Other Factors Total</b>	<b>5</b>	<b>8.8</b>
<b>Infant Mortality</b>	2	3.5
<b>Air Quality still bad</b>	1	1.8
<b>Hard to implement change</b>	1	1.8

<b>Loss of sense of community</b>	1	1.8
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The key informants were unanimous in their recognition that our county has groups of people whose health or quality of life is not as good as others. When asked to describe who is not as healthy or likely to have as good a quality of life, over 60% of the opinions centered on the conditions in which people live and how poverty, employment, access to affordable housing, educational opportunities, and child maltreatment affect them. In addition, there was nearly equal concern expressed for those struggling with the behavioral risk factors of substance abuse, obesity, and tobacco use and other factors, primarily the elderly and disabled vulnerable populations.

Further, the key informants clearly recognized poverty and obesity issues as the top critical issues for our county with nearly equal responses given (22.1% and 19.5%, respectively). The key informants clearly voiced support for interventions to prevent obesity (17.2%) and opportunity for increased community collaborations to improve health and quality of life in Lane County (15.5%) (q.8). When probed for additional priorities, key informants continued to select obesity prevention as critical with substance abuse prevention as the second top concern (17.1% and 14.6%, respectively)., increasing employment opportunities, access to affordable housing, strengthening educational opportunities, poverty and access to health and dental care, and improving our funding for the above with a reliable tax base were also identified as critical to improving our communities.

**Q: What barriers, if any, exist to improving health and quality of life in Lane County?**

	Number	%
<b>Income/Employment</b>	21	30.4
<b>Lack of access to &amp; knowledge for healthy practices; lack of resources for policy changes thereof</b>	10	14.5
<b>Access to healthcare</b>	9	13.0
<b>Education</b>	8	11.6
<b>Affordable housing</b>	5	7.2
<b>Transportation</b>	4	5.8
<b>Lack of funding for services</b>	4	5.8
<b>Drug Abuse</b>	3	4.3
<b>Elderly &amp; Disabled Srvs.</b>	2	2.9
<b>Rural/isolated</b>	2	2.9
<b>Non-English speaking</b>	1	1.4

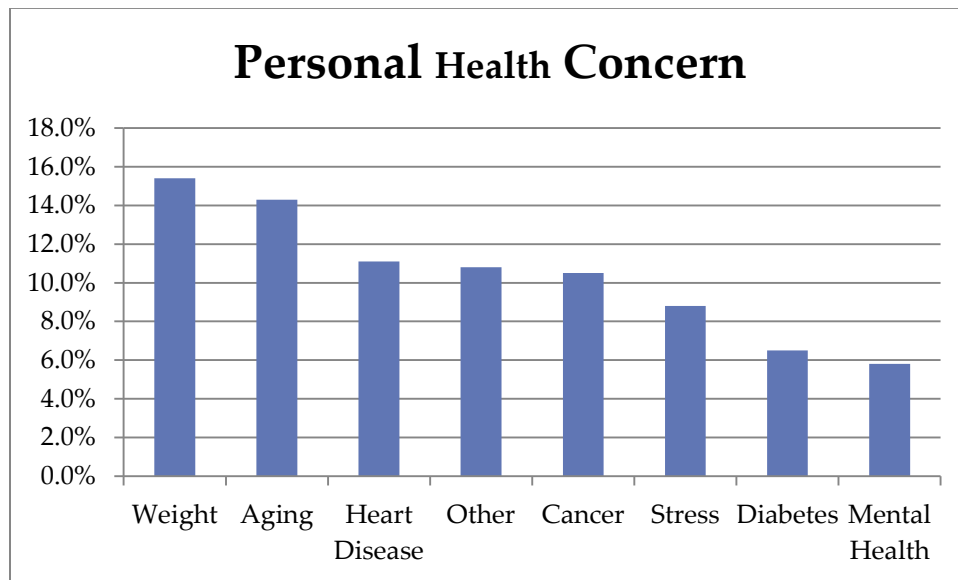
## Community Survey

In order to solicit additional community feedback on health, wellbeing, and quality of life in Lane County, the CHA Team distributed a Quality of Life survey at all presentations of the data, as well as at

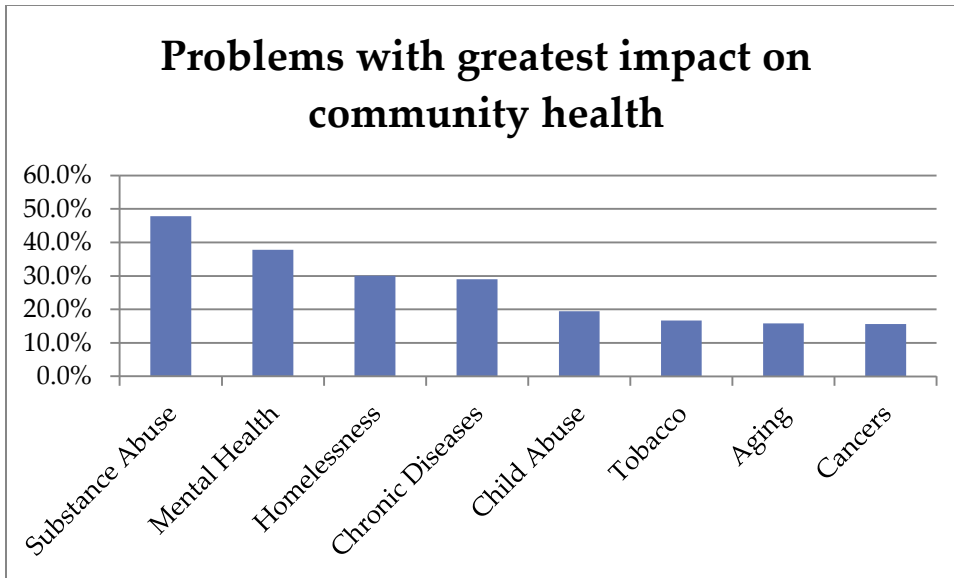


local social service agencies, non-profits, and other community locations. 732 completed surveys were returned. As the survey was conducted via convenience sampling (i.e. non-random), the demographics of the survey population are not entirely representative of the county at large. The Eugene-Springfield area is heavily represented within the survey with fewer responses from the rural and unincorporated areas of the county. The majority (67.3%) of respondents were female; a limited number of responses were from young residents (only 16.8% of responses were from residents younger than 40 years old). However, the surveys do provide some insight into community opinions and perceptions of health in the county.

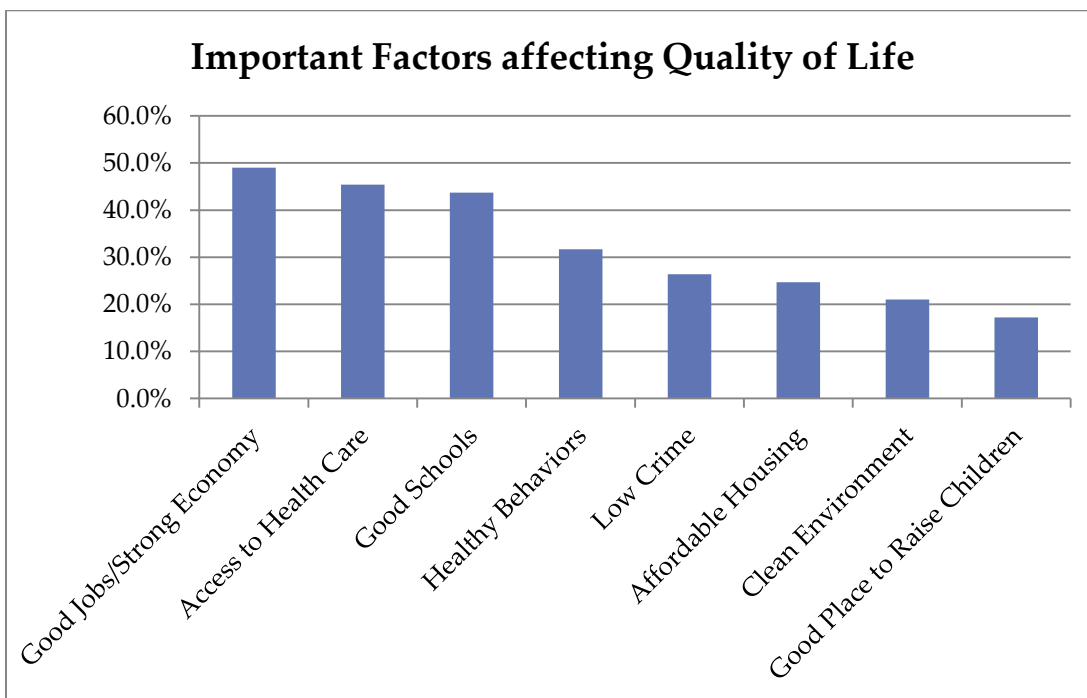
When asked about their most pressing personal health concern, the top responses were:



When asked what they thought the top health concerns were for the community as a whole, substance abuse and mental health jumped to the top of the list. Homelessness and child abuse also emerged as significant concerns, reflecting some of the data presented in the socio-economic indicators section of this report. As respondents could choose up to three factors, the percentages add up to more than 100%.



Respondents were also asked about which socio-economic factors help to make up a “Healthy Community”:



## United Way Community Conversations

United Way of Lane County (UWLC) staff and volunteers have conducted dozens of Community Conversations across the County over the last two years. Community Conversations, a model



developed by the Harwood Institute, are facilitator-led discussions with community members from various walks of life.

UWLC staff and volunteers have hosted several Community Conversations focused on health and wellness in our community over the last six months. These Conversations included speaking with community members from low-income housing from across the county, community members from Florence, and Spanish-speaking community members from Cottage Grove and Creswell. The purpose of the conversations was to inform the Community Health Needs Assessment and Improvement Plan about the aspirations and concerns of different groups in the community regarding health and wellness.

**United Way is asking people from across Lane County –  
What do you want health and wellness to be like  
in our community?**

*Here's what we heard:*

