



LINCOLN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2019

Lincoln County, Oregon
Health and Human Services

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Lincoln County Public Health staff and the Regional Health Assessment team will continue to support the work of the Community Health Improvement Process as it continues and evolves.

LINCOLN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Executive Summary

A collaborative group of community organizations from around Lincoln County are proud to present the 2019 Lincoln County Community Health Improvement Plan (CHIP). This document is the product of collaboration between Lincoln County Public Health and community members and organizations working to improve the health of those who live, learn, work, and play in Lincoln County.

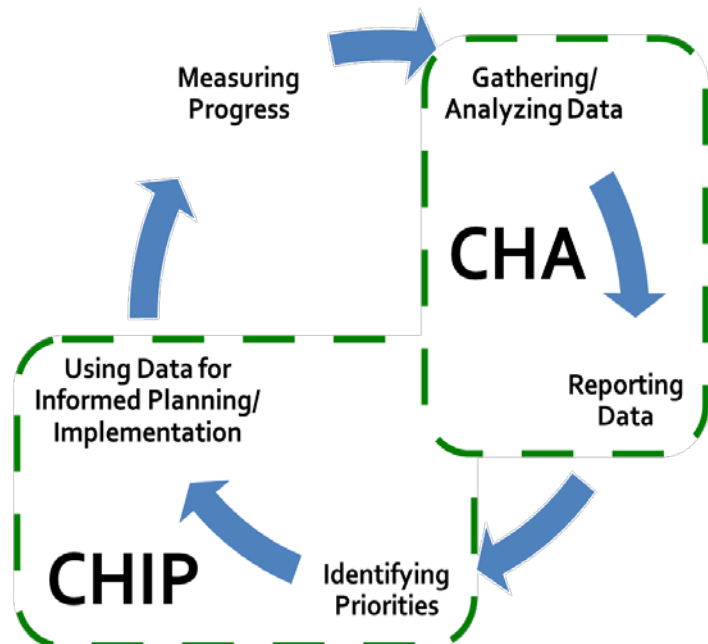
The Lincoln County CHIP outlines the priority areas the community selected as the focus for joint collaborative work over the next five years. The selection of these priority areas does not diminish the importance of other public health issues and the work taking place to address those issues. This plan intends to focus collective community efforts on a limited number of initiatives in order to maximize the improvement in these priority areas through collective impact.

A number of agreed-upon strategic initiatives are identified for each priority area, but this is not an exclusive list of all the work happening to improve health in these or other areas. This is a living document, meaning that as work proceeds on these strategic initiatives, the community collaborative implementing the CHIP is not limited to the work outlined in this document. Its work will evolve and adapt to appropriately respond to the changing environment in which the work it outlines takes place.

Community Health Improvement Process

The CHIP process follows a data-informed improvement cycle illustrated by the graphic to the right.

The cycle begins with the identification and gathering of data in a Community Health Assessment, or CHA. A CHA is a resource for the community that describes the health outcomes and the status of factors that influence health in the county. It includes data and context to inform community and health department program and policy development.



The Lincoln County CHA:

- Identifies and gathers health status indicators in order to determine the current health status of the community;
- describes areas for potential future health improvement while building upon ongoing community knowledge and efforts;
- identifies strengths and challenges facing the county in regard to health status;
- recognizes and highlights the need for more detailed local data;
- community organizations and partners can contribute data to be included in the CHA; and
- is a collaborative process that incorporates a broad range of community voices.

CHA data informs:

- Community, organizational, and local coordinated care organization decision-making;
- the prioritization of health problems;
- reporting requirements and funding opportunities for community partners; and
- the development, implementation, and evaluation of a range of plans, policies, and interventions to improve community health.

Lincoln County Community Health Improvement Process

The Lincoln County Community Health Improvement Process has undergone several stages of planning and information-gathering to develop a thoughtful Community Health Improvement Plan that is responsive to the needs of our communities. Each of the steps in the timeline below is explored in further detail below.



Community Health Assessment and Selecting Priority Areas: Lincoln County Public Health completed its most recent CHA in 2018 with guidance from the community. Lincoln County Public Health developed the Lincoln County Community Health Improvement (LCCHI) Steering Committee which was made up of

organizations representing a variety of populations across Lincoln County to provide ongoing input and oversight of the CHA. The CHA was presented to community partners and the public during an open comment period and organizations were invited to contribute data as well as narrative of what impacts health in Lincoln County. The contributions were incorporated into the final draft of the CHA. Once the 2018 CHA was complete, it was made readily available to the community by sending it out to community partners and posting it on the Lincoln County website, where it remains. A copy of the CHA can be found by visiting the Lincoln County website: <https://www.co.lincoln.or.us/hhs/page/public-health-reports>

Community Input and Finalizing Priority Areas: In early 2019, Public Health staff presented on the findings from the CHA across the county at listening sessions open to the public. These listening sessions were a chance for Public Health staff to hear from the community about their own experiences with health and what was important to them. Listening sessions were held in Depoe Bay, Lincoln City, Newport, Waldport, Siletz, and Toledo. To make the input process as accessible as possible, community members also had the option to provide feedback through an online survey, and one of the listening sessions was prepared to be held in Spanish. Throughout the three month community engagement period, Public Health staff received over 200 responses from community members across the county. Based on the data in the CHA and the community's knowledge of its own values and situation, the community chose three priority areas on which to focus their collaborative work with each other over the next five years.

Community Coalitions and Strategic Planning: Throughout the community engagement process, Public Health staff spoke with community members about the next phase of the process: the forming of workgroups to develop goals and strategies to guide collective actions throughout the CHIP process. Individuals and organizations had the opportunity to indicate interest in participating in this next step. In the fall of 2019 Public Health staff reached back out to interested community members and organizations as well as key stakeholders and invited them to participate in workgroups.

Approximately 40 people expressed interest in participating in the workgroups, and 26 people attended one or more of the planning workgroups. The workgroups began meeting in November 2019 and discussed the community assets and areas of opportunity to be considered in the plan. Over the next two months, community partners developed the goals and strategies that would guide the collective work over the next five years. Recognizing that meeting attendance is often a barrier to small organizations, coalitions, and community members, Public Health designed a process that allowed for community partners to contribute meaningfully even if they

were not able to attend meetings. This included offering online engagement, giving people time to provide feedback between meetings, and public health staff meeting with partners outside of meetings to gather input and feedback in the discussions.

The workgroups will continue to meet on a regular basis and are an opportunity for partners to come together to celebrate and document successes, welcome new partners, and collectively address barriers. The CHIP is an iterative process and community partners will identify new goals and opportunities as the work progresses. Public Health will track the progress made in the priority areas and in a couple years, the community partners and the public health department will re-assess the available data to make sure the collective community efforts are focused where they are most needed.

Priority Health Issues

The three priority areas selected by the community for its collaborative work from 2018-2022 are:

Healthy Living:	Focusing on good nutrition, physical activity and prevention of tobacco use.
Mental Health Promotion and Community Resilience:	Focusing on the conditions in which people work, learn, live, play, pray, and access social and health services in order to promote mental well-being, community connections, and a community capacity to “bounce back” from adverse events
Substance Abuse Prevention:	Focusing on upstream approaches to prevent access to substances and reduce initiation of substance use and abuse

Each of these priority areas was selected by the community based on analysis of the data provided in the 2018 CHA and their own knowledge of the challenges faced by the communities in Lincoln County.

Implementation Plan

Lincoln County Public Health has convened workgroups of community partners interested in working together to address the priority health issues identified above. The workgroups continue to meet quarterly and are open to anyone who lives in, works in, or works with people living in Lincoln County. Public Health will continue to function as a backbone organization convening and facilitating the meetings as needed, as well as supporting continuous communication among partners. Public Health will continue to work with the community collaborative partners to track the successes of the group and lessons learned across the implementation of this plan.

LINCOLN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Background and Introduction

Community Process and Plan for Measuring Progress

The Lincoln County community has adopted the collective impact framework as its model for how people and organizations work together to create lasting change in

Five Conditions for Collective Impact



Common Agenda



Shared Measurement



Mutually Reinforcing
Activities



Continuous
Communication



Backbone Organization

the community. The key conditions for the collective impact approach to effectively create change are: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support organizations.

The CHIP priority areas are the common agenda that the community has selected for itself and the health department to work on over the next five years. This CHIP document identifies a number of indicators that will be tracked in annual progress reports, as will progress on actions in the collaborative work plans – providing the shared measurement. The work

plans themselves outline agreed-upon mutually reinforcing activities to improve health and conditions in each of the selected priority areas. Lincoln County Public Health plans to serve as the convening backbone organization that supports continuous communication between the partners who have agreed to take action together to improve health and health-influencing factors outlined by the priority areas.

As part of the effort to provide continuous communication, Lincoln County Public Health will convene and facilitate quarterly meetings with community partners who are taking action on the work plans. This will allow the partners to keep each other updated on the work that has been completed on each of the strategic initiatives, as well as serve as a forum to help troubleshoot and solve problems that arise. Additionally, Lincoln County Public Health staff will report regularly on their own work, as well as on progress on the collaborative community work plans and toward the selected shared priority area indicators.

Figure adapted from FSG.org

Data, Measurement, and Goals

As with most public health population-level data, there are some inherent limitations to be aware of when considering data measurements in this CHIP. Population-level data are often slow to change, and staff have taken that into consideration when developing the goals for each data point.

In health improvement work, goals are frequently set to meet state or national benchmarks. As it happens, the measures in this CHIP are already close to those for the state of Oregon, and do not correspond closely with national standards such as Healthy People 2020. This means that external sources of benchmarks are not as useful for setting goals.

Given these considerations, Lincoln County Public Health and community partners have chosen outcome measures from its Community Health Assessment, or CHA, as guides for the strategic planning and work done on the goals laid out in the CHIP to show what impact the work is designed to create. The outcome measures can be found later in the document in the priority area sections. Along with these outcome measures, process measures will also be tracked to show the progress being made on the work developed to impact the guiding outcome measures. These measures will be developed by the CHIP workgroups to ensure they are appropriate for the work being done in Lincoln County.

As the community begins working on the priorities in the CHIP, they may choose to focus on certain goals or strategies for concentrated work. These goals and strategies could then be revised to reflect the greater potential for change as a result of focused work.

Factors that Influence Health and Health Equity

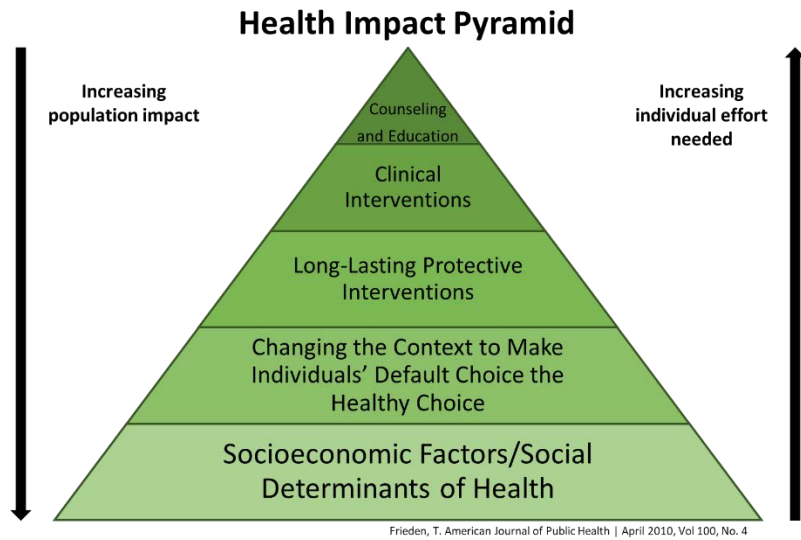
Community health, often called population health, refers to the health outcomes of a defined group of individuals. In the case of this Community Health Improvement Plan, the defined group is all those who live, learn, work, and play in Lincoln County.

The organizations and individuals involved in working on CHIP priorities serve a wide variety of

individuals and communities. As such, the workgroups take the approach that when addressing health priorities it should do so in a way that benefits as much of its community as possible and/or that helps groups within its community that experience a disproportionate amount of poor health due to systems, services, and socioeconomic factors that do not meet their needs. These populations are often referred to as “marginalized.” One key aspect of marginalization is that people experiencing it must invest more time, money, and effort to achieve and maintain good health compared to the general population, as the services offered and the systems they interact with do not help them meet their needs. Intentional actions to meet the needs of marginalized populations and develop systems, policies, and programs that will not result in creating or worsening marginalization is called health equity.

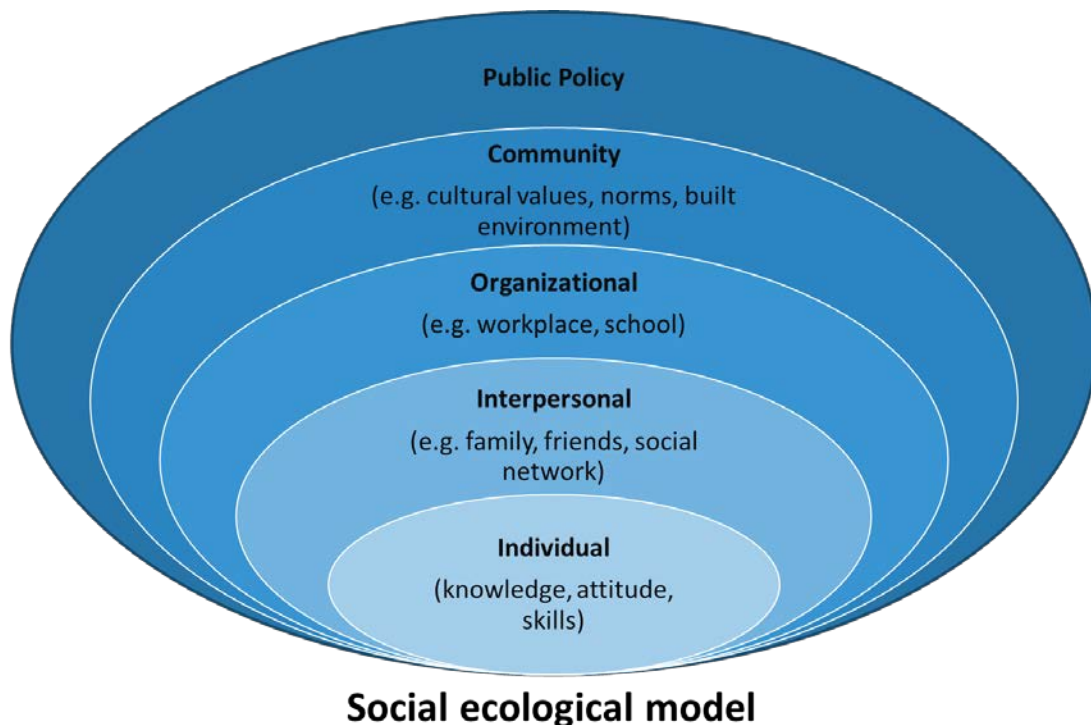
This CHIP is focused on addressing population health outcomes, health equity, and the factors that affect them by adjusting and setting up systems to support optimal health for both marginalized populations and the community as a whole. While this can include making sure that appropriate individual-level services are available and effective, the strategic initiatives outlined in the CHIP are intended to benefit the community overall as opposed to providing treatment for individual conditions.

Individual and population health are affected by more than interactions with the traditional health care system and the health department. As described in Frieden’s Health Impact Pyramid (see figure above), different levels of interventions require different levels of individual investment and effort and have varying levels of impact on the whole population. For example, counseling and education to change health-impacting behaviors requires a large amount of resources and effort by individuals, resources that may not be accessible or easily available to everyone, both to provide counseling and education to individuals and to enact those behavioral changes.



As a general rule, as interventions focus more on making healthy choices easy and healthy contexts more common and improving socioeconomic factors (such as income, housing, education, etc.) the less investment and effort required by individuals to see an impact on their health. The non-medical factors toward the bottom of the pyramid, also called social determinants of health or upstream factors, contribute to a large percentage of preventable poor health outcomes. It is important to consider interventions at all levels of the pyramid when addressing health issues to find the gaps that may create or sustain preventable negative health outcomes, including marginalization, which can be addressed. The CHIP workgroups have considered the levels of the health impact pyramid when deciding what types of strategic initiatives they wanted to develop to address the problems identified.

Another model that was taken into consideration in the development of the work plan is the social ecological model that examines different levels of relationships between people, organizations, and communities. Similar to the health impact pyramid, the social ecological model provides a method to identify gaps in services, systems, policies, etc. that may create preventable negative health outcomes and/or marginalization and leverage points where community partners can most effectively address the problems they have identified.



LINCOLN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Overview of Priority Areas

Healthy Living

This priority area focuses on good nutrition, physical activity, and the prevention of tobacco use.

Mental Health Promotion and Community Resilience

This priority area focuses on the conditions in which people work, learn, live, play, pray, and access social and health services in order to promote mental well-being, community connections, and a community capacity to “bounce back” from adverse events.

Substance Abuse Prevention

This priority area focuses on upstream approaches to prevent access to substances and reduce initiation of substance use and abuse.

LINCOLN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Overarching Principles and Shared Strategies

Throughout the planning process and the time spent engaging community partners and members, the importance of integrating a number of ideas into the work on the CHIP was continually discussed. These ideas have been adopted as part of the plan in the form of overarching principles and shared strategies.

The overarching principles are important approaches to bring to the work done to improve health in each of the priority areas. These considerations are key to supporting existing organizations, programs, and resources, as well as making sure that the work we do has a positive impact for those who are most disadvantaged.

The shared strategies highlight the interconnected nature of the work needed to improve each of the CHIP priorities. These strategies can be implemented either in each priority area or across all priority areas, and these strategies are called out separately here to support and reinforce the coordination and collaboration between workgroups as they work on these strategies.

Overarching Principles

The overarching principles important to the work of the CHIP are:

Overarching Principle #1:	Using an equity lens in the planning and implementation of the Community Health Improvement Plan in order to reach and support those with the greatest needs
Overarching Principle #2:	Connecting and supporting the programs and organizations working in these areas to share resources and work collaboratively to meet the needs of our community
Overarching Principle #3:	Supporting evidence-based initiatives

Shared Strategies

The shared strategies across all priority areas of the CHIP are:

Shared Strategy #1:	Increase shared knowledge about available programs and services.
Shared Strategy #2:	Increase the capacity of local organizations to apply for, access, and provide funds and trainings.
Shared Strategy #3:	Increase the pervasiveness of environments that support health and well-being.

PRIORITY AREA: HEALTHY LIVING

Overview

There are multiple benefits to being physically active, eating a healthy, balanced diet, and avoiding tobacco, such as a lower likelihood of developing many chronic diseases such as diabetes, heart disease, and cancer.

A large spectrum of factors can influence individual choices regarding food, physical activity, and tobacco, ranging from personal knowledge and preferences up to the environments and systems within which people live. Education about good nutrition, physical activity, and tobacco prevention and their importance can help support people to try to make healthy choices within their means. The availability and accessibility of resources and environments that encourage healthy choices about food, physical activity, and tobacco also impact a person's health and decisions. For example, if people do not live close to a source of affordable, healthy food, it is more likely that they will eat whatever food is more easily available to them.

The Situation in Lincoln County

The Lincoln County Community Health Assessment, or CHA, identified that a large proportion of the population of Lincoln County does not live close to a grocery store. In fact, only 23 percent of people in Lincoln County live within a half mile of a grocery store. In contrast, 37 percent of people in Lincoln County live within a half mile of a store that sells tobacco products.

Approximately 58 percent of K-12 students in Lincoln County met the national qualifications for free or reduced lunch at schools by living in households with incomes 185 percent of the federal poverty level or below. Fortunately, free lunches are available to every K-12 student in Lincoln County, although some community members have expressed concerns about the nutritional value of those meals. Less than a quarter of eighth graders and only 15 percent of eleventh graders consume the recommended five fruits and vegetables a day. Nineteen percent of adults report consuming five fruits and vegetables each day.

National guidelines for physical activity recommend that children and youth engage in at least 60 minutes of physical activity a day, and that adults engage in between one and a quarter hours and two and a half hours of physical activity per week.

Only 31.7 percent of eighth graders, 28.1 percent of eleventh graders, and 24 percent of adults in Lincoln County report meeting these guidelines.

Tobacco use is high in Lincoln County, with approximately one third of all adults reporting smoking tobacco. Adult smoking rates in Lincoln County have consistently been among the highest in the state of Oregon, leading to health concerns for not just those choosing to smoke cigarettes, but those who encounter the second-hand smoke. Vaping, or the use of e-cigarettes, is a concerning trend among youth in Lincoln County. The rates of vaping among youth are higher than cigarette use, with seven percent of all eleventh graders reporting e-cigarette use, and six percent reporting smoking cigarettes.

Goals and Measurements

The community identified Healthy Living as a priority area for the Lincoln County CHIP using the data from the Lincoln County CHA and the perspectives provided by the community during the listening sessions. That information will be the guiding “north star” of the health improvement plan.

However, this plan acknowledges that the population-level data provided below is by its nature slow to change. Therefore, the CHIP workgroups will focus on evidence-based approaches to achieving their goals and develop short-term and process indicators to measure movement in the right directions. The short-term and process indicators and the progress made on them will be available in annual reports.

The indicators listed below are data from the CHA that illustrate part of the reason that Healthy Living was chosen as a focus area for the CHIP. By measuring the indicators here and throughout the course of this CHIP cycle, we hope to see that we are making a difference with the work we are doing.

Indicator (Source)	Baseline (year)	Goal
Food insecurity rate (Feeding America)	14.2% of population (2017)	13.7%
Percent of population that meets CDC guidelines for physical activity, unadjusted (Oregon Behavioral Risk Factor Surveillance System)	22.7% of population (2014-2017 4-year average)	23.2%
Tobacco use in past 30 days (Oregon Healthy Teens)	15.1% of 11 th graders (2017)	14.6%
Rate of current cigarette smoking, unadjusted (Oregon Behavioral Risk Factor Surveillance System)	23.9% of adults (2014-2017 4-year average)	23.4%

The goals of the group and the strategies to achieve them are:

GOAL 1:	Improve availability of and access to good nutritional options	
	<u>Strategy 1.1:</u>	Assess and act on opportunities to improve nutritious options in communities
	<u>Strategy 1.2:</u>	Support initiatives to repurpose unused and extra food
GOAL 2:	Improve availability of and access to opportunities for physical activity	
	<u>Strategy 2.1:</u>	Support the development of infrastructure and a built environment that supports physical activity
	<u>Strategy 2.2:</u>	Increase ability of local organizations to provide activities
GOAL 3:	Reduce tobacco use and initiation	
	<u>Strategy 3.1:</u>	Implement policies and practices that prevent tobacco use and initiation
	<u>Strategy 3.2:</u>	Support healthy alternative activities to smoking

The workgroup will continually develop and refine work plans that outline actions the workgroup will take to support and advance the agreed-upon strategic initiatives. Lincoln County Public Health will report on the progress made on these work plans via an annual progress report.

PRIORITY AREA: MENTAL HEALTH PROMOTION AND COMMUNITY RESILIENCE

Overview

Good mental health is more than just the absence of individual mental illness or distress. The social, environmental, systemic, and economic factors of the communities we live in and interact with significantly contribute to mental wellbeing and resilience. Evidence also provides a strong cause and effect relationship between mental health and physical health, and the relationship between mental health and community factors goes beyond individuals. When a community fosters good mental health, it is rewarded with healthy youth, families, schools, workforce, and economy.

Mental well-being as an adult may be impacted by experiences from earlier in life, such as exposure to abuse, economic stressors, or other traumas. People who are at increased risk of mental illness and damage to mental well-being include those affected by violence, abuse, poverty, sexism, discrimination, racism, marginalization, incarceration, or homelessness; lesbian, gay, bisexual, and transgender (LGBTQ) people; indigenous peoples; and people with disabilities. Damage to mental wellbeing decreases resiliency and can even compromise the immune system. Interventions that build strong community connections and address root systemic issues can reduce the number of people living with mental health concerns and other health disparities across the life-span.

The Situation in Lincoln County

As of 2017 the rate of reported child abuse in Lincoln County was 8.9% higher than the Oregon rate, with 1,292 reports of suspected cases of child abuse or neglect reported. Almost nineteen out of every 1,000 children in Lincoln County are in foster care. Additionally, 26.7% of 11th graders reported in a student survey that they had been hit by an adult and 36.9% of 8th graders reported experiencing bullying and abuse in their school environment by peers. Violence, trauma, abuse, and bullying have a variety of root causes but their impacts are similar. Children enduring these experiences in the home and at school are more likely to miss school, have trouble learning, misuse substances, and report feeling or experiencing depression.

Lincoln County residents have a reported average of 4.6 poor mental health days per month, double the Healthy People 2020 benchmark goal of 2.3. Just more than 28 percent of adults in Lincoln County report experiencing depression, above the Oregon average of 25.6 percent. For youth, just over a third of Lincoln County 8th

and 11th graders have experienced a major depressive episode in the past year, and 22 percent of Lincoln County 8th graders and 20 percent of 11th graders have considered suicide in the past year.

Some common concerns throughout the county are a lack of supports for parents, the stigma around poor mental health, isolation and poor supports for the 60+ community, and the availability of preventive and treatment options available, particularly at schools. The perceived lack of support and the impact of feeling unsafe can be expressed in ways that are labeled disruptive behavioral problems and/or negative coping behaviors, such as substance use. Impacts of abuse, prolonged depression, and the associated behavioral reactions can last a lifetime without preventive measures and interventions that address the root causes.

Goals and Measurements

The community identified Mental Health Promotion and Community Resilience as a priority area for the Lincoln County CHIP using the data from the Lincoln County CHA and the community perspectives from the listening sessions. That information will be the guiding “north star” of the health improvement plan.

However, this plan acknowledges that the population-level data provided below is by its nature slow to change. Therefore, the CHIP workgroups will focus on evidence-based approaches to achieving their goals and develop short-term and process indicators to measure movement in the right directions. These indicators and the progress made on them will be available in annual reports.

The indicators listed below are data from the CHA that illustrate part of the reason that Mental Health Promotion and Community Resilience was chosen as a focus area for the CHIP. By measuring these indicators throughout the course of the CHIP cycle, we hope to see that we are making a difference with the work we are doing.

Indicator (Source)	Baseline (year)	Goal
Percent of 11 th graders reporting missing one or more days of school because of emotional or mental health reasons (Oregon Healthy Teens)	35.4% of 11 th graders (2017)	34.9%
Percent of adults reporting no poor mental health in the past 30 days, unadjusted (Oregon Behavioral Risk Factor Surveillance System)	61.5% of adults (2014-2017 4-year average)	62.0%
Rate of suicide (Oregon Public Health Assessment Tool)	26 suicides per 100,000 residents (2011-2015 5-year average)	0 suicides

The goals of the group and the strategies to achieve them are:

GOAL 1:	Increase community knowledge and skills to support good mental health	
	<u>Strategy 1.1:</u>	Increase availability of and participation in classes that increase knowledge and skills to promote good mental health
	<u>Strategy 1.2:</u>	Increase community capacity to organize community-building events and activities
	<u>Strategy 1.3:</u>	Increase availability and use of community activity spaces for activities that build community connections and promote good mental health
GOAL 2:	Further develop environments and systems that support mental well-being	
	<u>Strategy 2.1:</u>	Coordinate and systematize mental health safety net systems
	<u>Strategy 2.2:</u>	Support the spread of trauma-informed trainings, policies, and practices

The workgroup will continually develop and refine work plans that outline actions the workgroup will take to support and advance the agreed-upon strategic initiatives. Lincoln County Public Health will report on the progress made on these work plans via an annual progress report.

PRIORITY AREA: SUBSTANCE ABUSE PREVENTION

Overview

Research shows people are most likely to misuse drugs (those focused on here include alcohol, marijuana, illegal drugs, and prescription drugs) during adolescence and young adulthood. Misuse of substances at an early age, particularly before age 18, is shown to be an important predictor of substance use disorders later in life. And some of the primary factors related to whether adolescent tries drugs include the availability of drugs in the home, neighborhood, and community, as well as experiences of abuse, trauma, and mental illness or distress.

Substance use and abuse can be impacted by mental health and well-being, and that is acknowledged in the planning for this CHIP. However, there is a separate set of goals and strategies developed to address the root causes of problems with mental health that can lead to substance abuse (see the Mental Health Promotion and Community Resilience section), so this priority area will focus on more substance abuse-specific approaches.

The Situation in Lincoln County

Community members spoke in sessions about the need for a more comprehensive approach to substance abuse prevention, particularly in providing a supportive environment that prevents substance abuse initiation and provides a place where people who were formerly addicted can remain sober. Many community members indicated their perception that it is difficult for people in recovery from addiction to maintain sobriety in Lincoln County, one of them remarking that "I've heard addicts here say, 'If I want to be sober, I can't be in Lincoln County.'"

Data reflected in the CHA demonstrated a similar need for substance abuse prevention. The rates of drug overdose hospitalizations and deaths are higher in Lincoln County than in Oregon as a whole, with a rate of 41.8 hospitalizations and 12.1 deaths per 100,000 people annually in Lincoln County (compared to a state-wide rate of 37 hospitalizations and 9.6 deaths per 100,000 people). Approximately a third of drug-related hospitalizations and three quarters of drug-related deaths were due to opioids. There is an increasing trend of 11th grade students using prescription drugs without a doctor's orders, with nine percent of 11th graders reporting having done so within the past 30 days in 2019.

The rates of binge drinking and heavy drinking among adults in Lincoln County are higher than state-wide rates, with approximately 20 percent of adults in Lincoln County reporting having binge drank within the last month, compared to 18 percent across the state. While marijuana use is legal for individuals 21 years and older in

Oregon, the effects of marijuana have not been studied to the extent that other legal substances have, such as tobacco and alcohol. Thirty-four percent of Lincoln County adults report having used marijuana within the past month, compared to 17.6 percent state-wide. Twenty-one percent of Lincoln County eleventh graders reported having consumed marijuana within the past 30 days.

Goals and Measurements

The community identified Substance Abuse Prevention as a priority area for the Lincoln County CHIP using the data from the Lincoln County CHA and the community perspectives from the listening sessions. That information will be the guiding “north star” of the health improvement plan.

However, this plan acknowledges that the population-level data provided below is by its nature slow to change. Therefore, the CHIP workgroups will focus on evidence-based approaches to achieving their goals and develop short-term and process indicators to measure movement in the right directions. The short-term and process indicators and the progress made on them will be available in annual reports.

The indicators listed below are data from the CHA that illustrate part of the reason that Substance Abuse Prevention was chosen as a focus area for the CHIP. By measuring the indicators here and throughout the course of this CHIP cycle, we hope to see that we are making a difference with the work we are doing.

Indicator (Source)	Baseline (year)	Goal
Percent of 8 th and 11 th graders reporting consuming marijuana in the past 30 days (Oregon Healthy Teens)	5.4% of 8 th graders 19.2% of 11 th graders (2017)	3% of 8 th graders 17% of 11 th graders
Percent of adults reporting binge drinking in the past 30 days, unadjusted (Oregon Behavioral Risk Factor Surveillance System)	23.0% of men 10.7% of women (2014-2017 4-year averages)	22% of men 10% of women
Percent of 8 th and 11 th graders reporting having had five or more drinks in a row within a couple of hours in the past 30 days (Oregon Healthy Teens)	4.5% of 8 th graders 9.6% of 11 th graders (2017)	3% of 8 th graders 7% of 11 th graders
Rate of drug overdose hospitalizations (Oregon Health Authority)	96.1 hospitalizations per 100,000 residents (2017)	90.0 hospitalizations per 100,000 residents

The goals of the group and the strategies to achieve them are:

GOAL 1:	Prevent access to addictive and abusable substances	
	<u>Strategy 1.1:</u>	Decrease excess prescription drugs in the community
	<u>Strategy 1.2:</u>	Research and implement policies to reduce access to risky substances
GOAL 2:	Prevent and reduce initiation rates of substance use and abuse	
	<u>Strategy 2.1:</u>	Increase utilization and availability of healthy alternative activities to substance abuse
	<u>Strategy 2.2:</u>	Support current organizations and programs to develop further to prevent substance abuse

The workgroup will continually develop and refine work plans that outline actions the workgroup will take to support and advance the agreed-upon strategic initiatives. Lincoln County Public Health will report on the progress made on these work plans via an annual progress report.

PRIORITY ALIGNMENT: REGIONAL AND STATE PRIORITIES

	REGIONAL AND STATE AGENCIES					
	Lincoln County Public Health 2019	IHN-CCO (Benton, Lincoln, & Linn Counties) 2019	Benton County Public Health 2018	Linn County Public Health 2018	Samaritan Hospitals (Benton, Lincoln, & Linn Counties) 2016	Oregon State Health Improvement Plan 2019
Behavioral Health	✓	✓	✓	✓	✓	✓
Community Resiliency and Trauma	✓	✓	✓	✓		✓
Equity	✓	✓	✓	✓		✓
Food (Healthy, Affordable, Food Security)	✓	✓	✓	✓	✓	✓
Physical Activity	✓	✓			✓	
Tobacco Use	✓	✓			✓	

PRIORITY ALIGNMENT: NATIONAL PRIORITIES

		Lincoln County CHIP Priorities		
		Healthy Living	Mental Health Promotion and Community Resilience	Substance Abuse Prevention
National Prevention Strategy	Tobacco free living	✓		
	Preventing Drug abuse and Excessive Alcohol Use			✓
	Healthy eating	✓		
	Active living	✓		
	Healthy and Safe Community Environments	✓	✓	✓
	Empowered People	✓	✓	✓
	Elimination of Health Disparities	✓	✓	✓
	Mental and emotional well-being		✓	

The Lincoln County Community Health Improvement Plan also addresses the Healthy People 2020 priorities of:

- Health-Related Quality of Life & Well-Being
- Mental Health and Mental Disorders
- Social Determinants of Health
- Substance Abuse
- Tobacco Use

|| GLOSSARY

Community Health Assessment, or **CHA**: A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. *(Public Health Accreditation Board)*

Community Health Improvement Plan, or **CHIP**: a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. *(Public Health Accreditation Board)*

Community Health Improvement Process: The full process undertaken to create a CHA and CHIP and to sustain action to address the priority issues identified in the CHIP. The Public Health Accreditation Board requires this full process to be reviewed or completed again every five years.

Collective impact: Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change. *(Collaboration for Impact)*

Indicator: A data point that provides information about the status of health outcomes or things that impact health.

Priority area: A thematic area related to health that has been defined and selected by the community and Lincoln County Public Health as one of the bigger and/or most important issues upon which to focus their collaborative work for the 2018-2022 CHIP.

Resilience: the ability to overcome serious hardship developed through protective experiences and acquisition of coping skills. *(Harvard Center on the Developing Child)*

Strategic initiative: An action that is planned to make progress toward a goal.

Trauma: a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual wellbeing. *(Substance Abuse and Mental Health Services Administration)*

|| FIGURE ACKNOWLEDGEMENTS

Page 5 – Collective Impact. Figure includes images from the following websites:

<http://grade4simplemachines.weebly.com/gears.html>

<https://www.iconfinder.com>

<https://collectiveimpactforum.org/blogs/1806/essential-mindset-shifts-collective-impact>

<https://mobileadvertisingwatch.com/>

<http://principalspov.blogspot.com/2014/11/feedback-and-communication-2-top-things.html>

Page 6 – Health Impact Pyramid. Adapted from Thomas Frieden’s model, discussed in American Journal of Public Health, April 2010, Vol 100, No. 4.

Page 7 – Social ecological model. Adapted from

<https://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/eco-model/eco-model.html>