

## Eastern Oregon Coordinated Care Organization Community Health Improvement Plan

### Introduction

In 2010, the President signed the Affordable Care Act (ACA) into law with the goal of making healthcare more available and better managed. The law strives to achieve the Triple Aim — better health for all, better quality services and lower costs. The State of Oregon applied for a Medicaid Waiver to create its own plan to meet the Triple Aim. This plan uses coordinated care organizations (CCOs) to deliver better care and lower costs.

The Oregon Health Authority (OHA) asked each CCO statewide to conduct a community health assessment (CHA) and create a Community Health Improvement Plan (CHIP). The Eastern Oregon Coordinated Care Organization (EOCCO) CHIP is the outcome of all 12 local community advisory councils (LCACs) and meets the OHA's request. The EOCCO Regional Community Advisory Council (RCAC) developed the CHIP and the EOCCO Board of Directors approved it. RCAC membership includes two people from each of the 12 LCACs appointed by the EOCCO Board of Directors as well as the chairperson of each LCAC and a government official (usually a county commissioner or court member).

### Members of the EOCCO RCAC

#### *Officers*

Chair: Chris Labhart (Grant County)  
Vice chair: Maji Lind (Baker County)  
Secretary: Judy Cordeniz (Malheur County)

#### *Members*

|                         |                           |                                   |
|-------------------------|---------------------------|-----------------------------------|
| Fred Warner (Baker)     | Joni Delgado (Malheur)    | Steve McClure (Union)             |
| Vicki Winters (Gilliam) | Terry Tallman (Morrow)    | Polly Devore (Wallowa)2013-2014   |
| Steve Shaffer (Gilliam) | Sheree Smith (Morrow)     | Susan Roberts (Wallowa)           |
| Karen Triplett (Grant)  | Teri Talhofer (Sherman)   | Candy Humphreys (Wheeler)         |
| Dan Brown (Harney)      | Mike Smith (Sherman)      | Anne Mitchell (Wheeler)           |
| Pete Runnels (Harney)   | Rod Harwood (Umatilla)    | Bridget Brown (Wallowa 2014-2015) |
| Charlie Tviet (Lake)    | George Murdock (Umatilla) |                                   |
| Ken Kestner (Lake)      | Andrea Galloway (Union)   |                                   |

### Funding

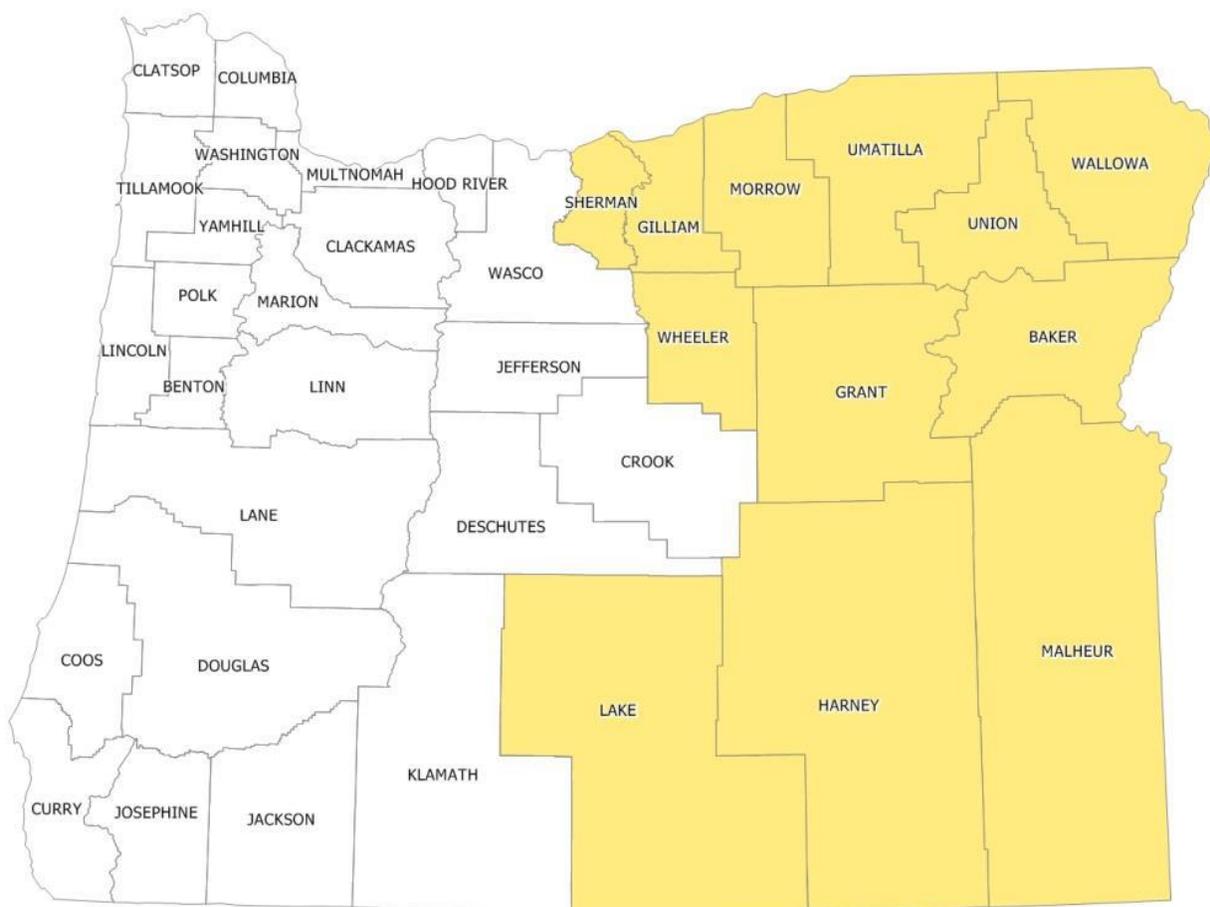
The RCAC understands that a variety of funding sources will be required to support this plan's implementation. These resources include private foundations public funds, EOCCO contributions where possible and donors. The RCAC created the Eastern Oregon Healthy Living Alliance as a public benefit not-for-profit with the focus on raising funds to help make the plan a reality. Activities in this plan will be carried out by using existing staff support, partner organizations and community volunteers.

Updated October 20, 2014 per EOCCO Board Approval

## EOCCO service area

The EOCCO service area includes 12 counties varying in population from 1,425 to 77,120. It is a large territory covering 49,923 square miles with a total population of 196,990. Ten of the 12 counties are considered “frontier,” which means fewer than six people per square mile live in the area. Each county is unique. Each county formed a local community advisory council and conducted a community health assessment specific to its county. Each LCAC developed its own Community Health Improvement Plan specific to the priorities and needs of that particular county. These 12 local CHIPs are included in Appendix C of this document.

Map of EOCCO service area



## **EOCCO plan member and diversity involvement**

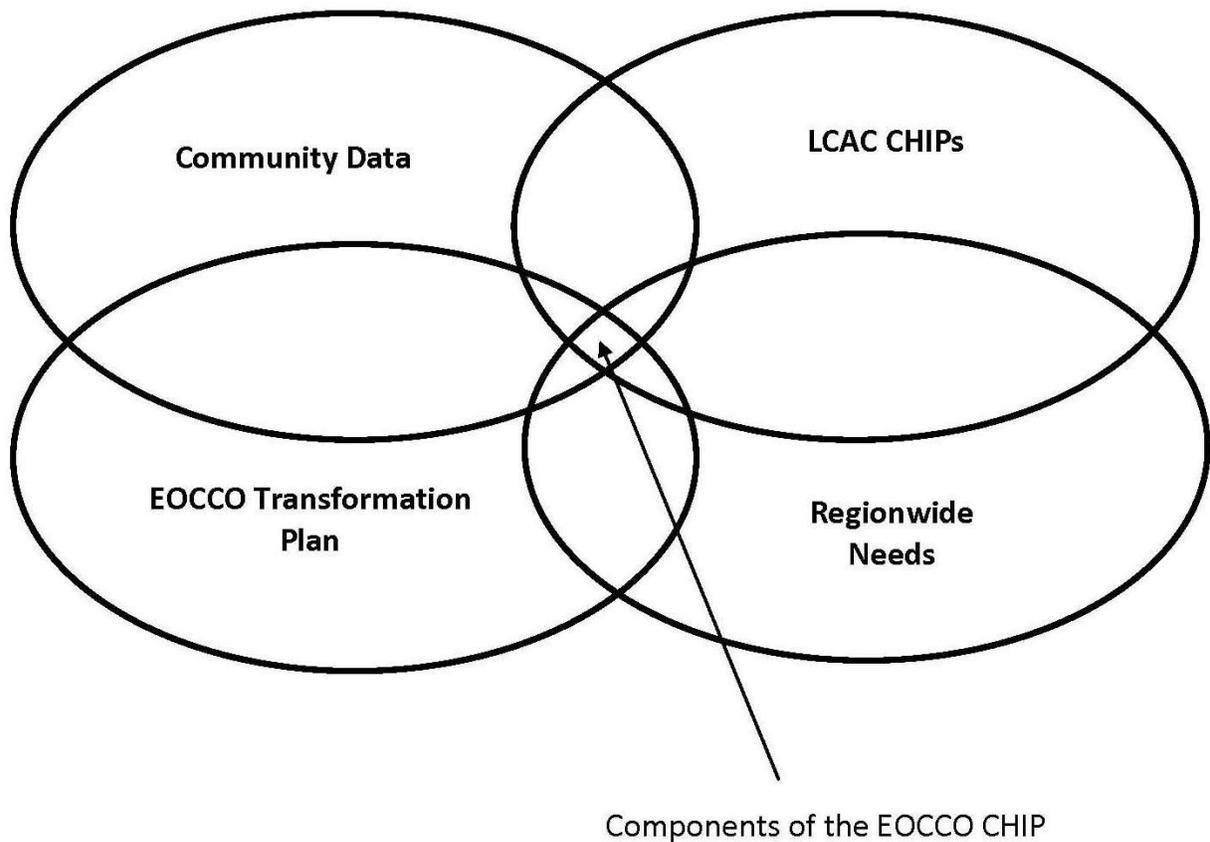
Each LCAC prepared a community health assessment, using various strategies to mix quantitative and qualitative assessments. Specific information about the differences in how the CHAs were created is included in Appendix B. EOCCO plan members helped with the qualitative assessments — including the household survey. During the household survey, 226 people said they use the Oregon Health Plan for insurance. Another 268 people said they have no insurance coverage. Individuals receiving Medicaid were not specifically recorded; however, community members representing all aspects of the population in each county participated in one-on-one interviews, community visioning meetings (using the Nominal Group Technique) and focus groups. Spanish-language focus groups were conducted in Morrow and Malheur County. Morrow County conducted one-on-one interviews with the Hispanic population. Umatilla County conducted a health assessment specific to the needs of the Hispanic population.

EOCCO staff, through Greater Oregon Behavioral Health Inc. (GOBHI), participated in the Oregon Health Authority Office of Equity and Inclusion’s Developing Equity Leadership through Training and Action (DELTA) program and the Institute for Healthcare Improvement (IHI Science in Action project). These activities and projects assist in fulfilling LCAC skill development objectives by fostering health equity awareness.

The LCACs reviewed the community health assessments and used the input from these diverse populations to create their individual county-level CHIPs.

## **Regional prioritization process**

The challenge with creating the EOCCO CHIP is to find areas of common interest and priority among the 12 diverse counties. The following Venn diagram shows how we determined what to include in the EOCCO CHIP. We looked at each of the four areas of the diagram. The circle labeled “Community Data” included demographics, socioeconomics, health status and other information (see Appendix B). That circle also included results from the household survey conducted in nine counties (see Appendix C). The circle labeled “LCAC CHIPs” included all 12 LCAC CHIPs. These CHIPs were sorted according to the issues addressed in each one. This sorting allowed the RCAC to see the number of counties that addressed a particular issue and the strategies purposed. The circle labeled “EOCCO Transformation Plan” included items in each LCAC plan that were related to local activities and that must be part of the EOCCO CHIP. The last circle labeled “Regionwide Needs” represents the attitudes, perceptions and priorities of the RCAC membership.



The RCAC considered 12 issues to possibly include in the EOCCO CHIP. Each issue was discussed and ranked by the RCAC. The results are as follows. Note that when issues were looked at by themselves, each one was deemed fairly important.

**Oral health (multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 63.6%       | 14        |
| I like it, but we need to talk           | 13.6%       | 3         |
| I'll need to be convinced                | 22.7%       | 5         |
| Set it aside and forget about it for now | 0.0%        | 0         |
| <b>Totals</b>                            | <b>100%</b> | <b>22</b> |

**Mental health (multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 90.9%       | 20        |
| I like it, but we need to talk           | 4.5%        | 1         |
| I'll need to be convinced                | 4.5%        | 1         |
| Set it aside and forget about it for now | 0.0%        | 0         |
| <b>Totals</b>                            | <b>100%</b> | <b>22</b> |

**Obesity/chronic disease management (multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 65.2%       | 15        |
| I like it, but we need to talk           | 21.7%       | 5         |
| I'll need to be convinced                | 8.7%        | 2         |
| Set it aside and forget about it for now | 4.3%        | 1         |
| <b>Totals</b>                            | <b>100%</b> | <b>23</b> |

**Early childhood prevention/promotion (multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 63.6%       | 14        |
| I like it, but we need to talk           | 27.2%       | 6         |
| I'll need to be convinced                | 4.5%        | 1         |
| Set it aside and forget about it for now | 4.5%        | 1         |
| <b>Totals</b>                            | <b>100%</b> | <b>22</b> |

**Patient-centered primary care homes (multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 52.1%       | 12        |
| I like it, but we need to talk           | 17.3%       | 4         |
| I'll need to be convinced                | 13.0%       | 3         |
| Set it aside and forget about it for now | 17.3%       | 4         |
| <b>Totals</b>                            | <b>100%</b> | <b>23</b> |

**LCAC skill training (multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 27.2%       | 6         |
| I like it, but we need to talk           | 31.8%       | 7         |
| I'll need to be convinced                | 31.8%       | 7         |
| Set it aside and forget about it for now | 9.0%        | 2         |
| <b>Totals</b>                            | <b>100%</b> | <b>22</b> |

**Community-based participatory research  
(multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 31.8%       | 7         |
| I like it, but we need to talk           | 36.3%       | 8         |
| I'll need to be convinced                | 18.1%       | 4         |
| Set it aside and forget about it for now | 13.6%       | 3         |
| <b>Totals</b>                            | <b>100%</b> | <b>22</b> |

**Consumer engagement  
(multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 61.9%       | 13        |
| I like it, but we need to talk           | 19.0%       | 4         |
| I'll need to be convinced                | 4.7%        | 1         |
| Set it aside and forget about it for now | 14.2%       | 3         |
| <b>Totals</b>                            | <b>100%</b> | <b>21</b> |

**Public health integration  
(multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 80.9%       | 17        |
| I like it, but we need to talk           | 14.2%       | 3         |
| I'll need to be convinced                | 0.0%        | 0         |
| Set it aside and forget about it for now | 4.7%        | 1         |
| <b>Totals</b>                            | <b>100%</b> | <b>21</b> |

**Community health workers  
(multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 61.9%       | 13        |
| I like it, but we need to talk           | 23.8%       | 5         |
| I'll need to be convinced                | 9.5%        | 2         |
| Set it aside and forget about it for now | 4.7%        | 1         |
| <b>Totals</b>                            | <b>100%</b> | <b>21</b> |

**Local cost control  
(multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 66.6%       | 14        |
| I like it, but we need to talk           | 19.0%       | 4         |
| I'll need to be convinced                | 14.2%       | 3         |
| Set it aside and forget about it for now | 0.0%        | 0         |
| <b>Totals</b>                            | <b>100%</b> | <b>21</b> |

**Incentive measures  
(multiple choice)**

|  | Responses   |           |
|--|-------------|-----------|
|  | Percent     | Count     |
| Should be a part of the EOCCO CHIP       | 42.8%       | 9         |
| I like it, but we need to talk           | 28.5%       | 6         |
| I'll need to be convinced                | 23.8%       | 5         |
| Set it aside and forget about it for now | 4.7%        | 1         |
| <b>Totals</b>                            | <b>100%</b> | <b>21</b> |

After review and discussion of possible activities to address each issue area, RCAC members used Turning Point Audience Participation Software to select which issues were most important across the entire region. The system used a weighted response to help prioritize the issues. Each RCAC member selected their Top 5 issues and the software assigned points. Here are the results:

**Prioritize your Top 5 issues for the CHIP (priority ranking)**

|  | <b>Responses</b> |                       |
|--|------------------|-----------------------|
|  | <b>Percent</b>   | <b>Weighted Count</b> |
| Oral health                            | 12.6%            | 91                    |
| Mental health                          | 15.9%            | 115                   |
| Obesity/chronic disease management     | 9.4%             | 68                    |
| Early childhood prevention/promotion   | 20.0%            | 144                   |
| Patient-centered primary care homes    | 6.8%             | 49                    |
| Community-based participatory research | 2.9%             | 21                    |
| Public health integration              | 10.5%            | 76                    |
| Community health workers               | 13.6%            | 98                    |
| Incentive measures                     | 5.0%             | 36                    |
| Local cost control                     | 3.0%             | 22                    |
| <b>Totals</b>                          | <b>100%</b>      | <b>720</b>            |

**Ranking of issues in order**

1. Early childhood prevention/promotion
2. Mental health
3. Community health workers
4. Oral health
5. Public health integration (chronic disease management)

## EOCCO Community Health Improvement Plan

|   |
|---|
| <b>PRIORITY AREA: Early childhood</b>   |
| GOAL: Improve health outcomes for children ages 0–5 through integrated services |

|  |  |                 |                 |
|--|--|-----------------|-----------------|
| <b>OBJECTIVE No. 1: Coordinate LCAC activities with Early Learning Hubs</b>  |  |                 |                 |
| STRATEGY: Establish system of regular communication and strategic planning with each Hub in the EOCCO region       |  |                 |                 |
| JUSTIFICATION: EOCCO and Early Learning Hubs are each accountable for similar goals including health and screening |  |                 |                 |
| EVIDENCE BASE: Collective impact   |  |                 |                 |
| <b>ACTION PLAN</b>   |  |                 |                 |
| Activity   | Lead person/<br>organization(s)  | Measurement     | Completion date |
| Create contact list for each Hub and family support manager and Hub Coordinators as they are approved and hired    | Frontier Hub<br>Eastern Oregon Hub<br>Blue Mountain Hub<br>South Central Hub | List created    | November 2014   |
| Create a plan for coordinated communication and activity between EOCCO, each LCAC and related Hub                  | Hub Coordinators invited to become LCAC members                              | Plans developed | January 2015    |
| Identify shared priorities and plan for coordination   |  | Meeting held    | April 2015      |
| Conduct RCAC meeting with Early Learning Hub leadership  |  | Meeting held    | Spring 2015     |

|  |  |  |  |
|--|--|--|--|
| <b>OBJECTIVE No. 2: Create links between community-based organizations conducting developmental screens and primary care clinics</b>   |  |  |  |
| STRATEGY: Use OHA Community Prevention Grant (Healthy Eastern Oregon Project)  |  |  |  |
| JUSTIFICATION: OHA issued a grant to the Center for Human Development to support the EOCCO region’s implementation of universal developmental screening. The grant provides for one full-time staff member and resources related to training, curriculum and technology. |  |  |  |

| EVIDENCE BASE: Collective impact  |  |   |                              |
|---|--|---|------------------------------|
| ACTION PLAN   |  |   |                              |
| Activity  | Lead person/<br>organization(s)          | Measurement   | Completion date              |
| Identify current screening activities across the EOCCO region   | Linda Watson, GOBHI<br>Angie Curtis, CHD | Screening data including, but not limited to, EOCCO coding data | September 2014               |
| Develop mechanism for tracking developmental screening performed by nonmedical and other organizations such as Head Start, Families First, etc. | Oregon Health Authority                  | TBD   | September 2015               |
| Provide training, resources and consultation to medical providers and community programs serving young children                                 | Linda Watson, GOBHI<br>Angie Curtis, CHD | TBD   | September 2016               |
| Develop system for care coordination when developmental concerns are identified   | Linda Watson, GOBHI<br>Angie Curtis, CHD | TBD   | Selected sites: January 2016 |

| OBJECTIVE No. 3: Increase prenatal care  |   |   |                 |
|--|---|---|-----------------|
| STRATEGY: Strengthen partnership with public health for nurse-based home visiting  |   |   |                 |
| JUSTIFICATION: Nurse-based home visiting increases parental engagement and follow-through on doctors' recommendations for high-risk communities related to prenatal care, case management and care coordination. Programs such as Oregon Maternity Case Management (MCM) reduce the numbers of low birth weight and other results from poor prenatal care by helping expand prenatal services. |   |   |                 |
| EVIDENCE BASE: Nurse Family Partnership (first-birth population)   |   |   |                 |
| ACTION PLAN  |   |   |                 |
| Activity   | Lead person/<br>organization(s)   | Measurement                             | Completion date |
| Assess current status and capacity of MCM across EOCCO region  | Initial contacts: Carrie Brogotti, Sheree Smith, Joni Delgado, Angie Curtis and other public health representatives in the region | Assessment tool created and implemented | January 2015    |
| Develop strategies to expand the capacity of   | Group above   | Plan developed                          | July 2015       |

|  |  |  |  |
|--|--|--|--|
| MCM programs and other evidence-based strategies throughout the region |  |  |  |
|--|--|--|--|

Please note: Objective No. 2 under Public Health Integration specifically targets chronic illness in children.

| PRIORITY AREA: Mental health   |
|--|
| GOAL: To improve the skill sets of residents of EOCCO to recognize and seek treatment for mental health issues |

|   |
|---|
| OBJECTIVE No. 1: Promote and deliver Mental Health First Aid Training (MHFA Youth and Adult modules) to community at-large. MHFA curriculum can be tailored to higher education, military members, veterans and their families, police, first responders, teachers and others.  |
| STRATEGY: Create, develop and implement collaborative partnerships with education systems, public safety, public health, mental health, faith-based organizations/groups and other community entities in providing awareness of Mental Health First Aid.  |
| JUSTIFICATION: MHFA is a public education program that helps the public identify, understand and respond to signs of mental illness and substance abuse disorders.  |
| EVIDENCE BASE: <a href="http://aocmhp.org/mhfa">aocmhp.org/mhfa</a> and <a href="http://www.mentalhealthfirstaid.org">www.mentalhealthfirstaid.org</a>  |
| <p><u>Individuals who participated in MHFA have:</u></p> <ul style="list-style-type: none"> <li>• <a href="#">Greater confidence in providing help to other,</a></li> <li>• <a href="#">Greater likelihood of advising people to seek professional help,</a></li> <li>• <a href="#">Improved concordance with health professionals about treatment,</a></li> <li>• <a href="#">Decreased stigmatizing attitudes, and</a></li> <li>• <a href="#">Experienced improvement in their own mental health</a></li> </ul> |

| ACTION PLAN   |  |  |                 |
|---|--|--|-----------------|
| Activity  | Lead person/ organization(s)               | Measurement  | Completion date |
| Partner with county Educational Service Districts to provide training to teachers, coaches, support staff and parents for the Youth Mental Health First Aid program | Armenia Sarabia, GOBHI<br>Erin Rust, GOBHI | Number of community-certified Youth Mental Health First Aid facilitators | June 2015       |
| Create an EOCCO master list of certified Mental Health First Aid  | Armenia Sarabia, GOBHI<br>Erin Rust, GOBHI | List created and local awareness of MHFA trainers and classes            | December 2014   |

|  |  |  |            |
|--|--|--|------------|
| trainers; provide local trainer list and MHFA information to local community advisory councils |  | promoted   |            |
| Work with local community advisory councils to promote and sponsor MHFA classes                | Armenia Sarabia, GOBHI<br>Erin Rust, GOBHI | Total number of MHFA classes being held in communities throughout the EOCCO counties | April 2015 |

|   |                                 |                            |  |
|---|---------------------------------|----------------------------|--|
| <b>OBJECTIVE No. 2: Encourage integration of mental health/behavioral health and physical health</b>                    |                                 |                            |  |
| STRATEGY: Increase payment to patient-centered primary care homes (PCPCH) that have a strong focus on behavioral health |                                 |                            |  |
| JUSTIFICATION: Additional incentives will encourage more integration.   |                                 |                            |  |
| EVIDENCE BASE: PCPCH program rules  |                                 |                            |  |
| <b>ACTION PLAN</b>  |                                 |                            |  |
| Activity  | Lead person/<br>organization(s) | Measurement                | Completion date  |
| Work with OHA PCPCH program to acquire attestation documents for PCPCH across the behavioral spectrum                   | Paul McGinnis, GOBHI            | Collected                  | June 2014<br>Completed, but data does not differentiate between integrated and co-located services |
| Verify levels of PCPCH behavioral health integration; establish measures  | GOBHI                           | Summary report             | January 2015   |
| Share summary report with each LCAC   | GOBHI                           | Meetings held              | June 2015  |
| Create contracts with PCPCHs that meet desired level of integration   | GOBHI                           | Number of contacts         | September 2014   |
| Support a Learning Collaborative to share learnings on BH integration work  | GOBHI                           | Collaborative held         | TBD  |
| Monitor new PCPCH attestation levels  | Paul McGinnis, GOBHI            | Monthly OHA Website review | Ongoing  |

|   |  |  |  |
|---|--|--|--|
| <b>OBJECTIVE No. 3: Reduce community stigma</b>   |  |  |  |
| STRATEGY: Work with local faith community leaders to educate the communities they serve about |  |  |  |

mental health issues and encourage them to seek care when needed

JUSTIFICATION: When community members were asked in the household survey, “Thinking about the past six months, was there a time when you or someone in your household needed treatment for mental health or substance abuse?” only 7 percent responded “yes.” However, 28 percent responded “several days, more than half or every day” to this question: “In the past two weeks, how often have you been bothered by little interest or pleasure in doing things?” Further, 26 percent responded “several days, more than half or every day” to the question: “In the past two weeks, how often have you been bothered by feeling down, depressed or hopeless?”

EVIDENCE BASE: [Clinical Gerontologist](#), 2013;36(3). doi: 10.1080/07317115.2013.767872. **Depression Treatment Among Rural Older Adults: Preferences and Factors Influencing Future Service Use.** [Kitchen KA](#), [McKibbin CL](#), [Wykes TL](#), [Lee AA](#), [Carrico CP](#), [McConnell KA](#).

**ACTION PLAN**

| Activity  | Lead person/ organization(s) | Measurement                       | Completion date |
|---|------------------------------|-----------------------------------|-----------------|
| Work with Rod Harwood to develop information packet for community faith leaders (talking points, education material, resource sheet)  | Paul McGinnis<br>Rod Harwood | Document produced                 | November 2014   |
| Coordinate with LCACs and faith community associations and fellowships in each county to encourage the use of the Mental Health Information Resource Packet to get their members to seek help if needed | LCAC                         | Number of meetings                | March 2015      |
| Promote faith community events and activities during the National Mental Health Awareness Month (May 2015)  | Clergy                       | Number of events or sermons given | May 2015        |

**PRIORITY AREA: Community health workers**

GOAL: To implement a standardized approach to the use of community health workers

| OBJECTIVE No. 1: Determine the estimated need for community health workers   |                                 |                   |                 |
|--|---------------------------------|-------------------|-----------------|
| STRATEGY: Research demand and caseload for community health workers.   |                                 |                   |                 |
| JUSTIFICATION: Need to understand how many will be required by on population under consideration   |                                 |                   |                 |
| EVIDENCE BASE:   |                                 |                   |                 |
| ACTION PLAN  |                                 |                   |                 |
| Activity   | Lead person/<br>organization(s) | Measurement       | Completion date |
| Conduct literature review on demand and use of community health workers; differentiate between care coordination, case management, patient navigators and health educators | NEON, GOBHI, OHSU librarian     | Literature review | November 2014   |
| Prepare a needs/demand estimate based on literature review for EOCCO service area  | NEON, Charlotte Dudley-GOBHI    | Report            | February 2015   |
| Wide invitation (hospitals, clinics, public health) to webinar on findings for needs of community health workers   | Charlotte Dudley-GOBHI, NEON    | Webinar held      | March 2015      |
| Use RCAC to seek resources for implementation of community health workers throughout region  | RCAC subcommittee               | Meeting minutes   | April 2015      |

| OBJECTIVE No. 2: Determine a support system for community health workers                              |                                 |             |                 |
|---|---------------------------------|-------------|-----------------|
| STRATEGY: Create an infrastructure to support community health workers.                               |                                 |             |                 |
| JUSTIFICATION: Community health workers need organizational and emotional support from which to work. |                                 |             |                 |
| EVIDENCE BASE:  |                                 |             |                 |
| ACTION PLAN   |                                 |             |                 |
| Activity  | Lead person/<br>organization(s) | Measurement | Completion date |

|  |                                 |                     |     |
|--|---------------------------------|---------------------|-----|
| Determine the needed support systems for community health workers  | Diane Kilkenny<br>Paul McGinnis | Report              | TBD |
| Determine continuing education needs of community health workers   | RCAC subcommittee               | Report              | TBD |
| Facilitate use of a learning community network for community health workers or expand use of existing NEON network across the EOCCO region | EOCCO                           | Creation of network | TBD |

**OBJECTIVE No. 3: Support training of community health workers**

**STRATEGY:** Use exiting training resources, such as NEON and Family Advocates, or create new ones to increase the number of community health workers.

**JUSTIFICATION:** A level of skill and professionalism is required.

**EVIDENCE BASE:**

**ACTION PLAN**

| Activity   | Lead person/<br>organization(s)                      | Measurement | Completion date |
|--|--|-------------|-----------------|
| Identify community health worker training programs statewide         | NEON, Charlotte Dudley-GOBHI, Malheur Public Health  | Report      | July 2015       |
| Based on demand from Objective 2, determine feasibility of trainings | NEON, Charlotte Dudley- GOBHI, Malheur Public Health | Report      | TBD             |

**PRIORITY AREA: Oral health**

**GOAL:** Improve oral health for children under 10 years old

**OBJECTIVE No. 1: Implement First Tooth Project**

**STRATEGY:** Use primary care clinicians to provide preventive oral health services to children ages 0–36 months. Services may also be provided by WIC workers, Head Start staff, etc.

**JUSTIFICATION:** In 2012 only 15 percent of all children ages 0–23 months received preventive services from dental care organizations in Oregon.

| EVIDENCE BASE: Children see primary care providers during well-child visits, and that is the time to deliver oral healthcare,<br><a href="http://public.health.oregon.gov/preventionwellness/oralhealth/firsttooth/pages/index.aspx">http://public.health.oregon.gov/preventionwellness/oralhealth/firsttooth/pages/index.aspx</a> . |  |  |                 |
|--|--|--|-----------------|
| ACTION PLAN  |  |  |                 |
| Activity   | Lead person/<br>organization(s)                  | Measurement                                      | Completion date |
| Create awareness of First Tooth Project trainings  | Advantage Dental, ODS, and Capitol Dental        | Notices sent                                     | TBD             |
| Recruit primary care providers to participate in First Tooth trainings   | LCACs, Advantage Dental, ODS, and Capitol Dental | # of primary care practices trained              | TBD             |
| Conduct trainings for providers, including staff members at WIC and Head Start   | Advantage Dental, ODS, and Capitol Dental        | Number of people trained for First Tooth Project | TBD             |
| Establish method of payment for PCPs from dental care organizations  | Advantage Dental, ODS, and Capitol Dental        | Payment transfers                                | TBD             |
| Promote First Tooth and oral health preventive practices through marketing, paid advertising, announcements and/or media events  | LCACs and DCOs                                   | # of ads and events                              | On-Going        |

| OBJECTIVE No. 2: Conduct screenings  |                                 |                         |                 |
|--|---------------------------------|-------------------------|-----------------|
| STRATEGY: Coordinate local dental screenings in schools for grades 1–3 for kids ages 6–9.  |                                 |                         |                 |
| JUSTIFICATION: The 2012 Smile Survey in Oregon was a representative sampling, and not many schools in the EOCCO service area were selected for the surveillance. |                                 |                         |                 |
| EVIDENCE BASE: U.S. Preventive Services Task Force   |                                 |                         |                 |
| ACTION PLAN  |                                 |                         |                 |
| Activity   | Lead person/<br>organization(s) | Measurement             | Completion date |
| Identify at the LCAC level who is conducting school-based screenings   | LCACs                           | Report summary          | February 2015   |
| Coordinate with Advantage Dental practitioners and dental hygienist schools to   | DCOs                            | Meetings and agreements | February 2015   |

|   |                     |                      |           |
|---|---------------------|----------------------|-----------|
| train students to conduct the screenings                            |                     |                      |           |
| Identify grade schools that will permit the screening to take place | Linda Watson, GOBHI | Report summary       | June 2015 |
| Conduct screenings  | Dental students     | Surveillance reports | Ongoing   |

| OBJECTIVE No. 3: School-based fluoride supplement program  |                              |   |                 |
|--|------------------------------|---|-----------------|
| STRATEGY: Increase the number of schools using the fluoride supplement program.  |                              |   |                 |
| JUSTIFICATION: Not many communities in eastern Oregon have fluoridated water systems.  |                              |   |                 |
| EVIDENCE BASE: United States Preventive Services Task Force  |                              |   |                 |
| ACTION PLAN  |                              |   |                 |
| Activity   | Lead person/ organization(s) | Measurement                                     | Completion date |
| Identify schools interested in or already conducting the supplement program  | Linda Watson, GOBHI<br>DCOs  | Report summary                                  | TBD             |
| Raise awareness of the resources available through the state program and Dental Care Organizations   | Linda Watson, GOBHI<br>DCOs  | Information delivered and contacts with schools | TBD             |
| Recruit schools to participate in Dental Screening and Fluoride Varnish programs   | LCACs and Linda Watson       | # of schools recruited                          | TBD             |
| Facilitate agreements between state programs and individual schools  | Linda Watson, GOBHI<br>DCO's | New schools using the program                   | TBD             |
| Promote oral health preventative practices including the importance of fluoride varnish programs and dental screenings through marketing, paid advertising, announcements. And/or media events | LCACs and DCOs               | # of ads and events                             | TBD             |

**PRIORITY AREA: Public health integration (chronic disease management)**

**GOAL:** Better align public health services with primary care for population health management

**OBJECTIVE No. 1: Create systems for formal interaction between public health and EOCCO**

**STRATEGY:** Create Public Health Advisory function for EOCCO

**JUSTIFICATION:** Public health and EOCCO serve common high-risk populations, though local coordination among primary care and public health services varies widely throughout the EOCCO region. Many of the EOCCO goals and priorities are consistent with the expertise and existing programming provided through public health.

**EVIDENCE BASE:** Collective impact

**ACTION PLAN**

| Activity   | Lead person/ organization(s)                    | Measurement    | Completion date          |
|--|---|----------------|--------------------------|
| Convene public health administrators from EOCCO region around common work areas (i.e., developmental screening, home visiting, etc.) | Diane Kilkenny<br>Angie Curtis                  | Meeting held   | August 2014<br>Completed |
| Develop action plan for care coordination for specific target populations, TBD (i.e., diabetic patients)                             | Leadership group developed out of meeting above | Plan developed | December 2014            |

**OBJECTIVE No. 2: Coordinate services to prevent and treat chronic health conditions in children**

**STRATEGY:** Strengthen relationships between public health home-visiting programs and primary care physicians for clients jointly served through WIC, CaCoon and Babies First to increase care coordination and use of public health programs.

**JUSTIFICATION:** Public health provides in-home services for children with special healthcare needs that can enhance the primary care treatment plan and health outcomes. WIC staff and home-visiting nurses provide information on and access to nutritional food choices, decreasing the risks for obesity and diabetes.

**EVIDENCE BASE:**

**ACTION PLAN**

| Activity                                    | Lead person/ organization(s) | Measurement          | Completion date |
|---|------------------------------|----------------------|-----------------|
| Identify capacity of PH programs throughout | Public health partners       | Assessment completed | December 2014   |

|  |       |   |           |
|--|-------|---|-----------|
| EOCCO region   |       |   |           |
| Conduct outreach plan to physicians about the availability, services and effectiveness of partnering with public health programs | EOCCO | Number of enrollees with special healthcare needs enrolled in PH programs | July 2015 |

| OBJECTIVE No. 3: Emphasize Living Well with Chronic Illness   |  |   |  |
|---|--|---|--|
| <p>STRATEGY: Encourage better use of existing Living Well with Chronic Illness education programs — including Tomando Control for Spanish speakers.</p> <p>JUSTIFICATION: The burden of chronic disease is extensive in the EOCCO area, with high numbers of residents self-reporting that a clinician told them they had one of the following chronic diseases: high blood pressure, high cholesterol, arthritis, diabetes or depression/anxiety.</p> <p>EVIDENCE BASE:<br/> <a href="http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Pages/Index.aspx">http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/LivingWell/Pages/Index.aspx</a></p> |  |   |  |
| ACTION PLAN   |  |   |  |
| Activity  | Lead person/ organization(s)   | Measurement                                   | Completion date  |
| Identify Living Well programs and certified trainers in each county   | LCAC<br>Margaret Davidson and<br>Kathy Hayden,<br>Community<br>Connections | Summary report                                | September 2014<br>Completed - 20 people representing 8 counties have completed training. An additional training will be held in the fall for additional counties |
| Remind primary care providers and their care coordinators of the resource and encourage referrals   | Paul McGinnis, GOBHI   | Information sent                              | October 2014   |
| Conduct Living Well classes   | Living Well coordinators identified in summary report                      | Number of classes held over a two-year period | June 2016 – First classes begin October 2014   |

| OBJECTIVE No. 4: Implement National Diabetes Prevention Program   |  |  |  |
|---|--|--|--|
| <p>STRATEGY: Piggy back on the efforts that MODA Health has used with non-EOCCO insured</p> <p>JUSTIFICATION: This program will take advantage of the roll-out for the entire population.</p> <p>EVIDENCE BASE: <a href="http://www.cdc.gov/DIABETES/prevention/index.htm">http://www.cdc.gov/DIABETES/prevention/index.htm</a></p> |  |  |  |
| ACTION PLAN   |  |  |  |

| Activity   | Lead person/<br>organization(s)                     | Measurement                                  | Completion date   |
|--|---|--|---|
| Invite program representatives to speak to LCACs to describe program                                 | Kathy Hayden, Community Connections, Don Kain, OHSU | Number of LCACs made aware                   | September 2014<br>Completed Kathy Hayden and Don Kain provided information to all 12 LCACs together or separately         |
| Remind primary care providers and their care coordinators about the resource and encourage referrals | Paul McGinnis, GOBHI                                | Information sent                             | October 2014  |
| Conduct National Diabetes Prevention classes   | Kathy Hayden-Community Connection<br>Don Kain, OHSU | Number of classes and number of participants | June 2016<br>27 new people have completed the NDPP training. They represent 10 counties. Classes begin in October of 2014 |

|  |
|--|
| <b>PRIORITY AREA: Local community advisory council skill development</b>           |
| <b>GOAL:</b> Improve the skill set of all local community advisory council members |

|  |
|--|
| <b>OBJECTIVE No. 1: Develop cultural competency among clinicians and other community health and social service organizations</b>   |
| <b>STRATEGY:</b> Assess and train on cultural competency needs/gaps by using 15 National CLAS (Culturally and Linguistically Appropriate Services) Standards in Health and Health Care   |
| <b>JUSTIFICATION:</b> Requirement of 3 of 8 EOCCO Transformation Plan elements   |
| EOCCO Plan Element #6: Assuring communications, outreach, member engagement and services are tailored to cultural, health literacy, and linguistic needs   |
| EOCCO Plan Element # 7: Assuring provider network and staff ability to meet culturally diverse needs of the community (cultural competence training, provider composition reflects member diversity; nontraditional health care workers composition reflects member diversity) |
| EOCCO Plan Element #8: Developing a quality improvement plan focused on eliminating racial, ethnic and linguistic disparities in access, quality of care, and outcomes.  |
| <b>EVIDENCE BASE:</b> <a href="http://www.usc.edu/hsc/ebnet/Cc/awareness/ccare.htm">http://www.usc.edu/hsc/ebnet/Cc/awareness/ccare.htm</a>  |

| ACTION PLAN   |   |   |                 |
|---|---|---|-----------------|
| Activity  | Lead person/ organization(s)  | Measurement   | Completion date |
| Share results of the CLAS Standards Cultural Competency survey conducted as part of EOCCO Transformation Plan with LCACs  | Armenia Sarabia, GOBHI  | Report and presentations  | November 2014   |
| Dissemination of monthly EOCCO county OHP report on Race, Ethnicity and Language (REaL) data  | Armenia Sarabia, GOBHI  | Reports disseminated  | Ongoing         |
| Coordinate and conduct a series of educational webinars with an emphasis in promoting health equity best practices: <ul style="list-style-type: none"> <li>• Client civil rights</li> <li>• Language access services</li> <li>• Cultural competency</li> <li>• Diversifying the health workforce</li> </ul> | OHA Office of Equity and Inclusion staff, by Armenia Sarabia, GOBHI and other State/National webinars | # of health equity webinars, pre post survey assessment, in person presentations and online formats | Ongoing         |

| OBJECTIVE No. 2: Understanding poverty with empathy   |  |                             |  |
|---|--|-----------------------------|--|
| STRATEGY: Build empathy among LCAC members for understanding the struggles faced by people caught in multigenerational poverty. |  |                             |  |
| JUSTIFICATION: Many of these plan members frequently use health and social services.  |  |                             |  |
| EVIDENCE BASE:  |  |                             |  |
| ACTION PLAN   |  |                             |  |
| Activity  | Lead person/ organization(s)                 | Measurement                 | Completion date  |
| Identify a competent trainer  | Paul McGinnis, GOBHI County extension agents | Contract to deliver webinar | January 2015<br>Completed :Attended workshop by Donna Beegle PhD |
| Wide invitation to the  |  | Webinar conducted and       | March 2015   |

|         |  |                 |  |
|---------|--|-----------------|--|
| webinar |  | number of views |  |
|---------|--|-----------------|--|

| OBJECTIVE No. 3: Positive Community Norms  |                              |                         |                 |
|--|------------------------------|-------------------------|-----------------|
| STRATEGY: Introduce LCACs to the Positive Community Norms framework.   |                              |                         |                 |
| JUSTIFICATION: Positive behaviors can be encouraged across the community by emphasizing strengths rather than needs. |                              |                         |                 |
| EVIDENCE BASE: mostofus.org  |                              |                         |                 |
| ACTION PLAN  |                              |                         |                 |
| Activity   | Lead person/ organization(s) | Measurement             | Completion date |
| Presentation to LCAC   | OHA MORE Program             | Number of presentations | TBD             |

| OBJECTIVE No. 4: EOCCO member engagement  |  |   |                 |
|---|--|---|-----------------|
| STRATEGY: Increase participation of EOCCO plan members in LCAC activities.  |  |   |                 |
| JUSTIFICATION: Involvement of people who are most affected by the group's activities makes for better programs.   |  |   |                 |
| EVIDENCE BASE: OHA Requirement  |  |   |                 |
| ACTION PLAN   |  |   |                 |
| Activity  | Lead person/ organization(s)                                   | Measurement                               | Completion date |
| Presentation to LCAC regarding the results of OHA's focus groups on engagement  | OHA Report   | Number of presentations                   | October 2014    |
| As part of the Health Equity Learning Series, provide sessions focused on: <ul style="list-style-type: none"> <li>Health equity through member engagement</li> <li>Best practices for diverse engagement in LCAC</li> </ul> | OHA Office of Equity and Inclusion with Armenia Sarabia, GOBHI | Number of LCACs participating in webinars | Ongoing         |
| Outreach strategy defined by each LCAC  | LCAC, Charlotte Dudley, GOBHI                                  | Established plans and number of new       | March 2015      |

|  |  |              |  |
|--|--|--------------|--|
|  |  | participants |  |
|--|--|--------------|--|

**PRIORITY AREA: Fundraising**

**GOAL:** Establish a 501(c)3 nonprofit organization to seek private, corporate and government funding to implement strategies across the EOCCO region

**OBJECTIVE No. 1: Bylaws development, articles of incorporation**

**STRATEGY:** Use GOBHI attorney to draft a set of bylaws.

**JUSTIFICATION:** Need funds to implement regionwide CHIP.

**EVIDENCE BASE:**

**ACTION PLAN**

| Activity   | Lead person/ organization(s) | Measurement         | Completion date   |
|--|------------------------------|---------------------|---|
| Submit Articles of Incorporation to Oregon Secretary of State                            | Henry O’Keefee, GOBHI        | Submission          | August 2014<br>Completed, the official name is Eastern Oregon Healthy Living Alliance |
| Expand members of the fundraising committee to include a representative from each county | EOHLA                        | Membership          | November 2014   |
| Review draft of bylaws with committee  | EOHLA                        | Bylaws approved     | December 2014   |
| Apply for 501c3 status with the IRS, create federal tax ID number and enroll in DUNS     | Henry O’Keefee               | Documents submitted | January 2015  |

**OBJECTIVE No. 2: Funders brief**

**STRATEGY:** Invite statewide foundation and funding community to an event that will allow us to describe our needs.

**JUSTIFICATION:** Without money, the CHIP will not be implemented.

**EVIDENCE BASE:**

**ACTION PLAN**

| Activity                           | Lead person/ organization(s) | Measurement      | Completion date        |
|------------------------------------|------------------------------|------------------|------------------------|
| Secure date and location for event | Fundraising committee        | Venue and date   | July 2014<br>Completed |
| Invitations to                     | Fundraising committee        | Invitations sent | August 2014            |

|             |                       |            |  |
|-------------|-----------------------|------------|--|
| foundations |                       |            | Completed, identified 40 foundations that fit our criteria         |
| Hold event  | Fundraising committee | Event held | October 2014<br>Completed- Event held October 15, 2014 in Sunriver |

**PRIORITY AREA: Community-based participatory research**

**GOAL:** Allow LCACs to use their local knowledge to test innovations in science in partnership with university-based researchers

**OBJECTIVE No. 1: Define community-based participatory research**

**STRATEGY:** Use video trainings to introduce the concept and develop skills.

**JUSTIFICATION:** Tools exist and staff is knowledgeable.

**EVIDENCE BASE:** U.S. Department of Health and Human Services, Clinical and Translational Science Awards Consortium *Principles of Community Engagement (2<sup>nd</sup> edition)*, June 2011

**ACTION PLAN**

| Activity  | Lead person/ organization(s) | Measurement                                  | Completion date         |
|---|------------------------------|--|-------------------------|
| LCAC to view an introductory video on community-based participatory research                          | LCAC                         | Number of LCACs presenting                   | October / November 2014 |
| Ascertain the interest level of LCAC members to participate in community-based participatory research | Paul McGinnis, GOBHI         | Number of local research partnerships formed | November 2014           |

**OBJECTIVE No. 2: Partner with OHSU for community-based participatory research**

**STRATEGY:**

**JUSTIFICATION:** We need funding for locally generated research studies.

**EVIDENCE BASE:**

**ACTION PLAN**

| Activity                                  | Lead person/ organization(s) | Measurement   | Completion date |
|---|------------------------------|---|-----------------|
| Identify LCACs ready to partner with OHSU | Paul McGinnis, GOBHI         | Shared information and introduction given to principal investigator | December 2014   |

|  |   |                 |  |
|--|---|-----------------|--|
| Participate in grant development of NIH R01  | Melinda Davis, Ph.D.                              | Grant submitted | TBD  |
| Evaluate opportunity to conduct oral health research for children with OHSU Community Dentistry Program, Oregon Rural Practice-based Research Network and other community partners using NIH Mechanism (UH2/UH3) | Paul McGinnis GOBHI, Nikki Zogg, Advantage Dental | Meetings held   | On-going meetings until submission date of December 2014 |