LINN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2018-2022

Linn County, Oregon
Department of Health Services

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PARTNERS

The Community Health Improvement Plan project team would like to acknowledge the contributions of the following partners who have taken part in developing and implementing this Community Health Improvement Plan:

Community Members

Albany InReach Services

Albany Partnership for Housing

Boys and Girls Club of the Greater Santiam

Boys and Girls Club of Albany

Canyon Crisis and Resource Center

Casa Latinos Unidos

Center Against Rape and Domestic Violence (CARDV) of Linn and Benton Counties

Central Linn Lions Club

City of Albany

City of Scio

Community Health Centers of Benton and Linn Counties

Community Services Consortium

Communities Helping Addicts Negotiate Change Effectively (C.H.A.N.C.E.)

Corvallis and Albany Farmer's Market

Family Tree Relief Nursery

Greater Albany Public Schools

H.A.R.T. Center of Harrisburg

Intercommunity Health Network Coordinated Care Organization (IHN-CCO)

Kidco Head Start

Lebanon Community Gardens

Lebanon Community Schools

Linn Benton Lincoln Education Services District (LBL ESD)

Linn Benton Health Equity Alliance

Linn-Benton Hispanic Advisory Council

Linn County Child Abuse Network

Linn County Department of Health Services

Linn Local Advisory Council (LLAC)

Live Longer Lebanon

Mid-Willamette YMCA

NAACP - Corvallis/Albany Branch

Oregon Cascades West Council of Government

Oregon Family Support Network

Oregon State University Extension Services

Samaritan Health Services

Santiam Hospital and Clinics

Santiam Service Integration Team - Canyon

Spirit of the Valley United Methodist Church

Sweet Home Community Health Fair Planning Council

United Way of Linn County

Willamette Neighborhood Housing Services

PROJECT TEAM

The staff who have guided the community through the Community Health Improvement Process and supported the community process with planning, facilitation, analysis, and documentation are:

Rachel Petersen

Audra Baca

Erin Sedlacek

Neva Anderson

Tyra Jansson

Peter Banwarth

Linn 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.

LINN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Executive Summary

A collaborative group of community organizations from around Linn County are proud to present the Linn County Community Health Improvement Plan (CHIP) 2018-2022. This document is the product of collaboration between Linn County Public Health and community members and organizations working to improve the health of those who live, learn, work, and play in Linn County.

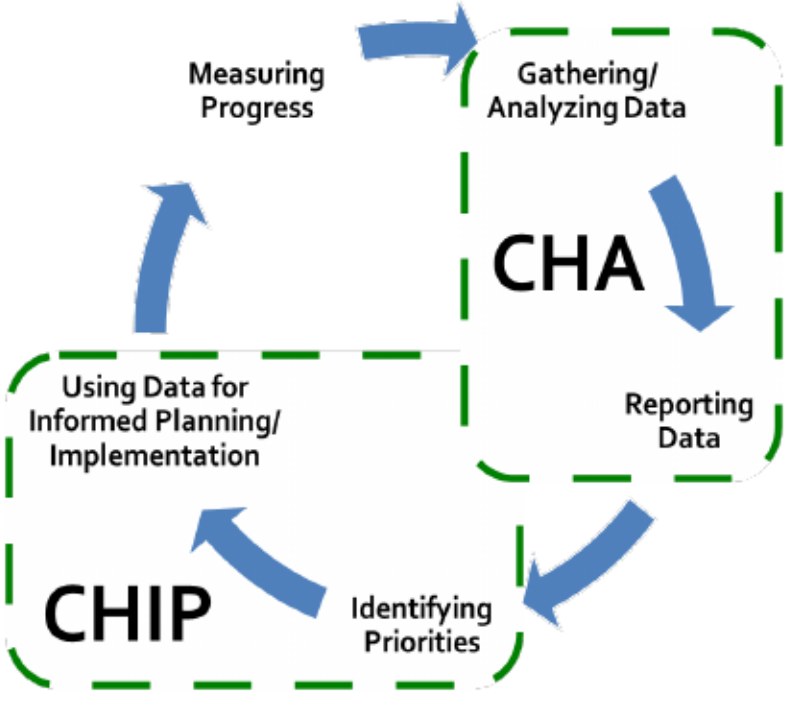
The Linn County CHIP outlines the priority areas the community selected as the focus for joint collaborative work over the next five years. The selection of these priority areas does not diminish the importance of other public health issues and the work taking place to address those issues. However,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

A number of agreed-upon strategies 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 this work 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 Community Health Assessment:

- 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.

Community Health Assessment 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.

2017-2022 Linn County Community Health Improvement Process

The Linn 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: Linn County Public Health completed its most recent CHA in 2017 with guidance from our community. Linn County Public Health, in partnership with the Linn, Benton, and Lincoln County Regional Health Assessment and Alignment (RHA) team and the Linn County Health Advisory Board, developed the Linn County Community Health Improvement (LCCHI) Steering Committee. The LCCHI Steering Committee was made up of organizations representing a variety of populations across Linn County and committed to providing ongoing input and oversight of the community health improvement process. This included the

development of the CHA and the review of data to determine potential priority areas for the community health improvement plan. 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 Linn County. The contributions were incorporated into the final draft of the CHA. Once the 2017 CHA was complete, it was made available to the community and continues to be available through the Linn County Public Health website www.linncountyhealth.org/ph.

Community Input and Finalizing Priority Areas: In the summer of 2018, Public Health staff presented the findings from the CHA across the county at listening sessions open to the public. These listening sessions let Public Health staff learn from our community about their own experiences with health and what was important to them. Listening sessions were held in Albany, Lebanon, Sweet Home, Gates, Harrisburg, and Scio. To make the input process as accessible as possible, community members also had the option to provide feedback online through the Linn County website, and materials were presented in English and Spanish. Throughout the community engagement process, Public Health staff heard from over four hundred community members across the county. Based on the data in the CHA and the community's knowledge of its own values and situation, three priority areas were identified on which to focus the collaborative work 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. Forty percent of the people who participated in the community engagement process indicated interest in participating in workgroups. In the fall of 2018 Public Health staff reached back out to interested community members and organizations as well as key stakeholders and invited them to participate in workgroups.

The workgroups began meeting in February of 2019 and discussed community assets and areas of opportunity for improvement. Over the next few months, community partners developed the goals, strategies, and outcome measures that will guide our collective work over the next five years. Attending meetings is often a barrier to small organizations, coalitions, and community members, so Public Health designed a process that allowed 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 connecting with partners outside of meetings to gather input and feedback in the discussions.

The workgroups continue to meet quarterly 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 five years the community partners and the public health department will begin the CHIP cycle anew.

Priority Health Issues

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

Community Resiliency: focusing on mental health, substance use, and community well-being
Healthy Neighborhoods: focusing on housing, food access, and transportation and building community connection through equitable access to community goods
Reproductive and Sexual Health: focusing decreasing barriers and increasing access to effective and culturally appropriate reproductive and sexual health information, services, and community resources

Each of these priority areas was selected by the community based on analysis of the data provided in the 2017 CHA and their own knowledge of the challenges faced by the communities in Linn County.

Implementation Plan

Linn 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 Linn County. Public Health will continue to function as a backbone organization convening and facilitating the meetings as well as supporting continuous communication among partners. Public Health will continue to track the successes of the group and lessons learned across the five years.

LINN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Background and Introduction

Community Process and Plan for Measuring Progress

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

Figure adapted from FSG.org

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. Linn County Public Health plans to serve as the convening backbone organization that supports continuous communication between the partners who have agreed to take act ion together to improve health and health-influencing factors outlined by the priority areas.

As part of the effort to provide continuous communication, Linn 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, Linn 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.

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.

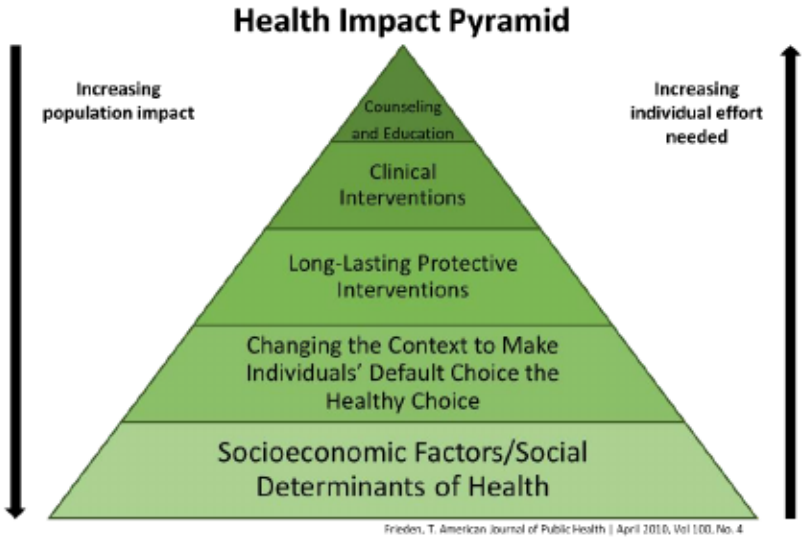
In health improvement work, goals are frequently set to meet state or national benchmarks. As it happens, the measures in this CHIP are already close to those for the state of Oregon, and do not correspond closely with national standards such as Healthy People 2020. This means that external sources of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

Given these considerations, Linn 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 Linn County.

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

Factors that Influence Health

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 those who live, learn, work, and play in Linn County.



The partners working in CHIP priority areas serve a wide variety of individuals and communities. As such, the workgroups take the approach that the work to address health priorities should benefit as much of our community as possible, especially groups within our community that experience poor health at a disproportionate rate due to socioeconomic factors as well as systems and services 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 meet their needs. Intentional actions to meet the needs of populations who are systematically marginalized 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 building systems to support optimal health for both populations who are systematically marginalized and the community as a whole. As described in Frieden's Health Impact Pyramid (see figure above), 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. The health of the community improves as interventions focus more on improving these socioeconomic factors (such as income, housing, education, etc.). 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 systematic marginalization, that 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.

LINN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Overview of Priority Areas

Community Resiliency

This priority area focuses on mental health, substance use, and community well-being.

Healthy Neighborhoods

This priority area focuses on housing, food access, and transportation and how to build community connection through equitable access to community goods.

Reproductive and Sexual Health

This priority area focuses on how to decrease barriers and increase access to effective and culturally appropriate reproductive and sexual health information, services, and community resources.

PRIORITY AREA: COMMUNITY RESILIENCY

OVERVIEW

The socio-economic, environmental, and systemic factors of the communities we live in significantly contribute to individual ability to engage in protective health behaviors, experience positive mental wellbeing and develop a sense of resiliency. When a community fosters the conditions for good mental health and protective health behaviors it is rewarded with healthy youth, families, schools, workforce and economy.

People who are at increased risk of experiencing mental health illness or distress or engaging in risk health behaviors include those experiencing or affected by violence, abuse, poverty, sexism, discrimination, racism, incarceration, or homelessness; lesbian, gay, bisexual, transgender, and queer (LGBTQ) people; indigenous peoples; and people with disabilities. Interventions that build strong community connections, address the roots of discrimination and systemic barriers, and utilize whole family approaches create a more resilient community and increase the number of people who report engaging in protective health behaviors across the life-span, ultimately impacting the community as a whole for generations.

THE SITUATION IN LINN COUNTY

Linn County residents report an average of 4.5 poor mental health days each month, the highest reported rate since 2011 and nearly double the Healthy People 2020 benchmark of 2.3. Nearly one out of three Linn County 8th and 11th graders reported experiencing depression. Additionally, 24% of 11th graders reported in a student survey that they have been hit by an adult and 29% of 8th graders reported experiencing bullying and abuse in their school environment by peers. In listening sessions, community members spoke of the impact of feeling unsafe and unsupported can have on their health and well-being. Participants in listening sessions spoke to the importance of building communities that are both responsive to the social-emotional development of children and teens and supportive of the adults and systems raising children and teens.

Substance misuse and abuse was often spoken of alongside mental health in listening session. Community members spoke of the impact of the two issues were having on their neighborhoods and towns and the ways in which substance misuse and abuse intersected with mental health. Data presented in the CHA also demonstrated the impact of substance misuse and abuse in Linn County. Twenty-two percent of 11th graders have identified as consuming marijuana on a regular basis. In 2017 over sixty community members were hospitalized from drug overdoses. Participants in the listening session spoke of the importance of using harm reduction strategies, like needle exchanges, to protect the health and well-being of people struggling with substance use while also building community and organizational capacity to prevent youth substance use and misuse.

The communities in which people live, work, learn, and play can meet the needs of and foster resiliency and well-being in individuals was a primary theme that came from the listening sessions. Provision of effective interventions and harm reduction strategies as well as community-based, whole-family approaches for policies, systems, and environmental changes are shown to lead to positive outcomes for the community as a whole. Organizations across Linn County continue to come together in this workgroup to discuss the work currently underway to foster resiliency within communities and across the county and the opportunities for collaboration..

GOALS AND MEASUREMENT

The community identified Community Resiliency as a priority area for the Linn County using the data provided in the Linn County CHA. More specifically, the community has set the following goals:

GOAL 1:	**Improve access to mental health and substance use treatment services.**
GOAL 2:	**Develop and promote service models that respond to the health and well-being of the whole family.**
GOAL 3:	**Partner with youth-serving agencies to meet the mental health needs of youths and teens.**

Some of the indicators listed below are data from the CHA that illustrate part of the reason that community resiliency was chosen as a focus area for the CHIP. The other indicators are the result of further research into indicators of community resiliency. 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	Goal
Percentage of population reporting 1 or more day of poor mental health in the past month	39 percent *(Source: BRFSS 2014-2017 via OPHAT)*	30 percent
Percentage of 8th graders meeting Positive Youth Development Benchmark	58 percent *(Source: Oregon Healthy Teens 2017)*	70 percent
Percentage of 11th graders meeting Positive Youth Development Benchmark	61 percent *(Source: Oregon Healthy Teens 2017)*	70 percent

STRATEGIC INITIATIVES

The workgroup developed the following strategic initiatives to advance the goals for the community resiliency priority area. These strategic initiatives were developed to address the indicators listed above.

Strategic Initiative 1:	Increase knowledge among community partners of the services offered in order to increase timely and appropriate referrals
Strategic Initiative 2:	Support parents and guardians through community education programs
Strategic Initiative 3:	Advocate for transit and housing services to consider the needs of adults and youth living with mental health conditions and substance use disorders
Strategic Initiative 4:	Support youth in the community who are experiencing anxiety and depression

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

PRIORITY AREA: HEALTHY NEIGHBORHOODS

OVERVIEW

The places we live and the resources available in those places can impact health for better or worse. Access to an affordable and safe place to live, affordable and nutritious food that meets people's dietary and cultural needs, and convenient transportation options support active, healthy lifestyles. Policies and programs that promote and develop opportunities for safe and affordable housing, transportation, and food access, and the connections between them are potential areas for improvement.

People who are most likely to experience barriers accessing the available and appropriate resources they need include those experiencing or affected by violence, abuse, poverty, discrimination, racism, incarceration, or homelessness; lesbian, gay, bisexual, transgender, and queer (LGBTQ) people; indigenous peoples; and people with disabilities. Housing, transportation, and the availability of affordable, healthy food are interconnected issues and the policies, programs, and infrastructure of a community can be adjusted and created to increase the ability of all residents to access resources where they live that would allow them to live full, healthy lives.

THE SITUATION IN LINN COUNTY

Currently, sixteen percent of Linn County community members experience food insecurity, including over one in four children. Only twenty-three percent of Linn County community members live within walking distance of a grocery store. Only four percent of Linn County residents commute using bus, bicycle, or foot travel -- the fourth-lowest percent in all of Oregon counties. Community members around Linn County also mentioned the inconsistent availability of sidewalks and safe places to walk, ride, and roll, commenting it felt many places were accessible only by driving.

Fifty-eight percent of households with an annual income below fifty thousand in Linn County struggle to pay their housing costs, including over half of households that rent. Community members expressed during listening sessions that they were concerned that people were living in less than safe or healthy living conditions because they could not afford repairs or were worried about potential rent increases or evictions if they reported concerns to their landlords. With housing costs rising, homelessness is also an increasing problem. The number of homeless individuals in Linn County nearly doubled between 2011 and 2016.

Many groups and organizations across Linn County are hard at work trying to meet the needs of their communities, from making sure everyone has enough to eat to helping them keep roofs over their heads to supporting safe communities where people can easily move throughout and get to where they

can access what they need to live. These organizations are partnering together as part of this CHIP to better meet the needs of their communities.

GOALS AND MEASUREMENT

The community identified healthy neighborhoods as a priority area for the Linn County using the data provided in the Linn County CHA. More specifically, the community hopes to achieve the following goals:

GOAL 1:	**Increase transportation options within and between communities.**
GOAL 2:	**Increase opportunities for healthy, safe, and affordable housing.**
GOAL 3:	**Increase the availability and accessibility of affordable, healthy food.**

Some of the indicators listed below are data from the CHA that illustrate part of the reason that healthy neighborhoods was chosen as a focus area for the CHIP. The other indicators are the result of further research into indicators of healthy neighborhoods. 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	Goal
Percentage of community members experiencing housing cost burden	35 percent *(Source: American Community Survey 2017)*	25 percent
Percentage of community members with incomes under $50k experiencing housing cost burden	66 percent *(Source: American Community Survey 2017)*	50 percent
Number of students in Linn County School Districts who report experiencing homelessness	1044 students *(Source: Oregon Dept. of Ed 2017-2018 McKinney-Vento data)*	500 students
Percentage of 8th graders eating 5 servings of fruits/vegetables a day	25 percent *(Source: Oregon Healthy Teens Survey 2017)*	35 percent
Percentage of 11th graders eating 5 servings of fruits/vegetables a day	18 percent *(Source: Oregon Healthy Teens Survey 2017)*	25 percent
Number of Linn County stores that are WIC certified	15 stores *(Source: OHA find a WIC authorized store 2019)*	30 stores
Number of stores that are	124 stores	150 stores

SNAP certified	*(Source: www.fns.usda.gov/snap/retailer-locator 2019)*	

STRATEGIC INITIATIVES

The workgroup developed the following strategic initiatives to advance the goals for the healthy neighborhoods priority area. These strategic initiatives were developed to address the indicators listed above.

Strategic Initiative 1:	Expand access to safe spaces for residents to walk, bike, and roll.
Strategic Initiative 2:	Increase the capacity of organizations and individuals to advocate for safe, affordable housing
Strategic Initiative 3:	Increase opportunities for community members to grow their own foods
Strategic Initiative 4:	Expand access to healthy food options in schools
Strategic Initiative 5:	Strengthen the capacity of local food distributors to provide healthy, affordable food

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

PRIORITY AREA: REPRODUCTIVE AND SEXUAL HEALTH

OVERVIEW

Reproductive and sexual health is a key component to overall health and quality of life. Reproductive and sexual health services improve health and reduce costs by not only covering pregnancy prevention, HIV and STD testing and treatment, and prenatal care, but also by screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals, and counseling on nutrition and physical activity.

Accessible reproductive and sexual health services and information are critical to the health and wellbeing of a community. The existing network of health services and information are accessible for some, but not all, contributing to health disparities. Systemic barriers and biases in health care, education, and social service agencies make it harder for people to access timely and effective care. Additionally, biases and discrimination within these systems can compound the harms experienced by people who experience significant barriers to access. People who are more likely to encounter barriers to timely and effective reproductive and sexual care include people who experience or are affected by violence, abuse, poverty, sexism, racism, incarceration, or homelessness; lesbian, gay, bisexual, transgender, and queer (LGBTQ) people; indigenous peoples; and people with disabilities. Improving reproductive and sexual health outcomes will include not only increasing the accessibility of services and information but addressing and removing the biases and barriers within existing systems that prevent all in the community from receiving effective and timely care.

THE SITUATION IN LINN COUNTY

Over the past ten years, the rate of sexually transmitted infections has increased by sixty eight percent in Linn County. Only 30 percent of high school students are fully vaccinated against Human Papilloma Virus (HPV). In listening sessions, community members spoke about the importance of access to culturally appropriate and medically accurate sexual health information and services, especially for youth, the elderly, and those living in rural communities. They also spoke of the barriers that they experience trying to access reproductive and sexual health services, including transportation, child care, clinic hours, costs, and the lack of culturally competent services.

Community members also spoke in sessions about the importance of acknowledging the connection between sexual health and sexual violence. Data reflected in the CHA demonstrated a similar need for holistic sexual health information and services. 15 percent of eleventh graders in Linn County identified as having been pressured into having sex and 8 percent of eighth graders have been bullied about their sexual orientation or gender identity.

The Oregon Attorney General's Sexual Assault Task Force states that "a central component of healthy sexuality is both the absence of all forms of sexual violence or coercion, and the active presence of self-determination and the ability to choose when, how, whether, and with whom to make sexual and reproductive choices." Organizations across Linn County came together in the workgroup to discuss the

work currently underway to provide culturally appropriate and accessible reproductive health services and the opportunities for collaboration.

GOALS AND MEASUREMENT

The community identified reproductive and sexual health as a priority area for the Linn County using the data provided in the Linn County CHA. More specifically, the community hopes to achieve the following goals:

GOAL 1:	**Improve the efficacy of sexual health education in Linn County.**
GOAL 2:	**Increase the utilization of sexual and reproductive health services by improving accessibility, availability, and quality of services.**

Some of the indicators listed below are data from the CHA that illustrate part of the reason that reproductive and sexual health was chosen as a focus area for the CHIP. The other indicators are the result of further research into indicators of reproductive and sexual health in the community. By measuring th e 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	Goal
Rate of sexually transmitted infections in Linn County	462 infections per 100,000 people *(Source: Orpheus via OPHAT 2015-2017)*	400 infections per 100,000 people
Rate of chlamydia	370 infections per 100,000 people *(Source: Orpheus via OPHAT 2015-2017)*	350 infections per 100,000 people
Rate of gonorrhea	84 infections per 100,000 people *(Source: Orpheus via OPHAT 2015-2017)*	50 infections per 100,000 people
Rate of syphilis	7 infections per 100,000 people *(Source: Orpheus via OPHAT 2015-2017)*	0 infections per 100,000 people
Number of unintended pregnancies averted	133 unintended pregnancies averted *(Source: Oregon Reproductive Health Program, 2017)*	300 unintended pregnancies averted

STRATEGIC INITIATIVES

The workgroup developed the following strategic initiatives to advance the goals for the reproductive and sexual health priority area. These strategic initiatives were developed to address the indicators listed above.

Strategic Initiative 1:	Increase knowledge of sexual health services and resources
Strategic Initiative 2:	Increase access to culturally competent and holistic sexual health education
Strategic Initiative 3:	Identify and address barriers to accessing services
Strategic Initiative 4:	Increase access for rural communities and marginalized communities

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

PRIORITY ALIGNMENT: REGIONAL AND STATE PRIORITIES

		IHN-CCO (Benton, Lincoln, & Linn Counties) 2019	Benton County Public Health 2018	Lincoln County Public Health 2019	Linn County Public Health 2018	Samaritan Hospitals (Benton, Lincoln, & Linn Counties) 2016	Oregon State Health Improvement Plan 2019
Priority Areas for Health Improvement	Access to Healthcare	✓				✓	✓
	Behavioral Health	✓	✓	✓	✓	✓	✓
	Child and Youth Health	✓				✓	
	Community Resiliency and Trauma	✓	✓	✓	✓		✓
	Equity	✓	✓	✓	✓		✓
	Food (Healthy, Affordable, Food Security)	✓	✓	✓	✓	✓	✓
	Housing	✓	✓		✓	✓	✓
	Maternal and Reproductive Health	✓			✓		
	Physical Activity	✓		✓		✓	
	Sexually Transmitted Infections	✓	✓		✓		
	Tobacco Use	✓		✓		✓	
	Transportation	✓	✓		✓	✓	✓
	Vaccination Rates	✓	✓				

PRIORITY ALIGNMENT: NATIONAL PRIORITIES

		Linn County CHIP Priorities		
		Community Resiliency	Healthy Neighborhoods	Reproductive and Sexual Health
National Prevention Strategy	Tobacco free living	✓		
	Preventing Drug abuse and Excessive Alcohol Use	✓		
	Healthy eating		✓	
	Active living		✓	
	Injury and Violence free living	✓	✓	✓
	Reproductive and Sexual Health			✓
	Mental and emotional well-being	✓		

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

- Health-Related Quality of Life & Well-Being
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Mental Health and Mental Disorders
- Sexually Transmitted Infections
- 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 Linn 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 12 – Suicide Prevention Resource Center. Image can be found here: http://www.sprc.org/effective-prevention/comprehensive-approach

Page 15 – Nurturing and Community Resilience Framework. Adapted from https://cssp.org/our-work/project/strengthening-families/