

2018-2022



COMMUNITY HEALTH IMPROVEMENT PLAN

COMMUNITY HEALTH IMPROVEMENT PLAN OF YAMHILL COUNTY

Executive Summary

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

The CHIP of Yamhill County outlines the priority areas the community selected as the focuses 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.

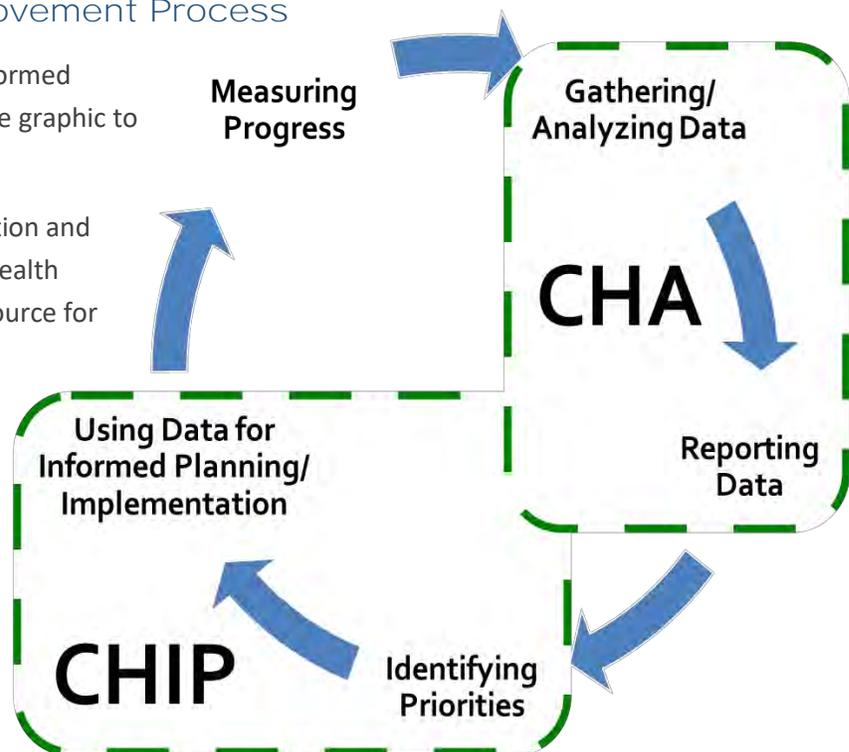
A number of agreed-upon strategic initiatives are identified for each priority area, but this is not an exclusive list of all the work happening to improve health in these or other areas. This is a living document, meaning that as work proceeds on these strategic initiatives, the community collaborative 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.

Yamhill County Public Health completed its most recent CHA in 2017 with guidance from the



community. Once the 2017 CHA was complete, it was made readily available to the community by sending it out to community partners and posting it on the Yamhill County website.

Public Health staff presented on the findings from the CHA at community workshops which included interested members of the public as well as individuals representing organizations that serve the community. Based on the data in the CHA and the community’s knowledge of its own values and situation, the community chose four priority areas on which to focus their collaborative work with each other over the next five years.

Community organizations will track the progress made in the priority areas and in five years, the community partners and the public health department will re-assess the available data to make sure the community and health department are focusing their efforts where they are most needed.

Priority Health Issues

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

Behavioral health, with a focus on suicide prevention and substance abuse prevention
Trauma reduction and community resiliency
Tobacco and vaping
Preconception health

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 Yamhill County.

Implementation Plan

Community partners have convened workgroups interested in working together to address the selected priority areas. These workgroups reviewed data relevant to their priority area from the CHA and additional research. From this, the workgroups selected a number of indicators to track that would indicate progress toward their goals. Based on the indicators, the workgroups developed a set of strategic initiatives to address the indicators they wanted their work to affect. The strategic initiatives and relevant indicators are outlined in this CHIP document.

Further detail on planned actions to implement the strategic initiatives is available in supplemental work plans which, like the CHIP itself, are living documents that the community will update with the help of the public health department as progress is made and new challenges and opportunities arise.

COMMUNITY HEALTH IMPROVEMENT PLAN OF YAMHILL COUNTY

Background and Introduction

Our Community

The Yamhill County community has a long history of collaborative relationships between the public, private, and non-profit sectors to implement health initiatives. One highly successful and visible example of collective impact in Yamhill County is the collaboration of multiple partners convening to create the Yamhill Community Care Organization (YCCO), an Oregon coordinated care organization in which all types of health care providers and local agencies work together to serve the people in Yamhill County who receive health care coverage under the Oregon Health Plan. The success of YCCO shows how large and lasting the effect a collective impact approach can have and illustrates why organizations around Yamhill County use this collective impact model whenever possible to solve complex problems within the community.

Additional examples of the successful implementation of the collective impact model throughout the community include the following accomplishments:

- Implementation of population health evidence based programs within the school districts.
- Cross coordination of home-visiting and social services programs with perinatal clinics and community-based programs supporting families and young children.
- Actively engaged faith-based organizations addressing critical barriers associated with the most vulnerable populations in the community: shelter, recovery support groups and meal services.
- Community-wide participatory health events to provide education, resources and services to the local community.
- Adoption of robust peer support initiatives, mentoring for community members with developmental disabilities and behavioral health challenges, and parenting skills education for expecting families.
- Vast behavioral health system providing rehabilitation services for populations experiencing behavioral health challenges, including a protective factor framework for long-term health improvement.
- Professional development opportunities within social services, school districts, and medical facilities that share best practices, new regulations, and scientific advancements to improve the health of the community.
- Alliance of local businesses to improve economic opportunities in the community while addressing poverty.

Community Process and Plan for Measuring Progress

As described above, the Yamhill County community has adopted the collective impact framework as its model for how its people and organizations work together to create lasting change in the community.

Five Conditions for Collective Impact



Common Agenda



Shared Measurement



Mutually Reinforcing Activities



Continuous Communication



Backbone Organization

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 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. The work plans themselves outline agreed-upon mutually reinforcing activities to improve health and conditions in each of the selected priority areas. Yamhill 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, Yamhill County Public Health will host regular 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, Yamhill 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.

An additional consideration regarding the data from the Oregon Healthy Teens survey for Yamhill County is that only four out of seven school districts participated in the survey during the most recent data collection period. Therefore, the results may not be representative of the county and should be interpreted with caution. The partners working together on this CHIP intend to explore the barriers to participation for the remaining three school districts and encourage future involvement. If additional school districts begin to participate in the Oregon Healthy Teens survey, it may affect future interpretations of the data.

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 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. Instead, the Yamhill County community workgroups chose a straightforward manner for setting goals, using three guidelines:

1. Aim for a change between 20% and 30% (either increase or decrease) in the baseline data. For example, decrease opioid death rates from 7.49 per 100,000 people to 5 per 100,000 people.
2. Aim for goals that are round numbers. Given the imprecision of estimates, a round number is more useful for understanding a goal than a precise change. For example, reduce chronic absenteeism from 17.85% to 12%.
3. Set goals so that change is measurable. Small changes are usually contained within the margin of error, so goals must have large enough changes to have confidence that the underlying data have changed.

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

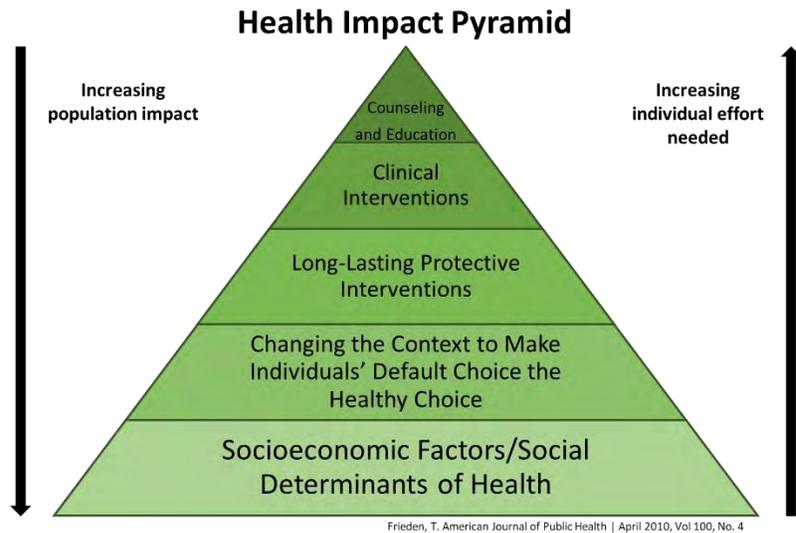
Community health, often called population health, refers to the health outcomes of a defined group of individuals. In the case of this Community Health Improvement Plan, the defined group is all those who live, learn, work, and play in Yamhill County.

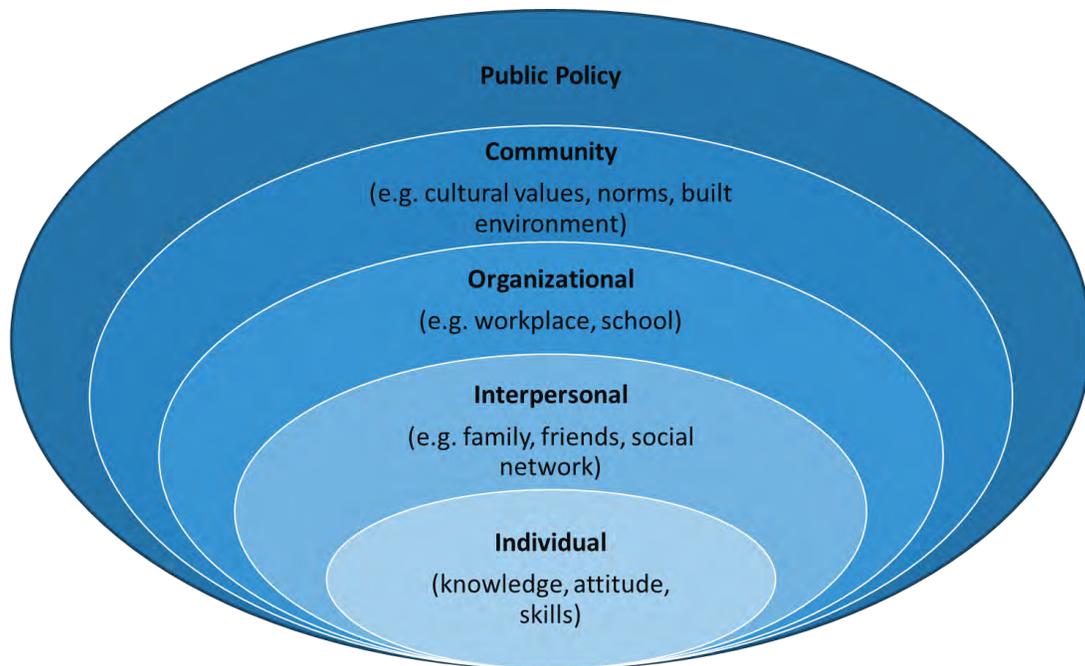
The organizations and individuals involved in working on CHIP priorities are part of and serve a wide variety of individuals and communities, and as such, the workgroups take the approach that

when addressing health priorities it should do so in a way that benefits as much of its community as possible or that helps groups within its community that experience a disproportionate amount of poor health. This Community Health Improvement Plan is focused on addressing population health outcomes and the factors that affect them by adjusting and setting up systems to support optimal health for the community. 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. As described in Frieden's Health Impact Pyramid (see figure above), different levels of interventions require different levels of individual 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 both to provide the counseling and education to individuals and to enact those behavioral changes.

As a general rule, as interventions focus more on making healthy choices and contexts easy and improving socioeconomic factors (such as income, housing, education, etc) the less 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 see where the gaps are that can be addressed.





Social ecological model

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 and leverage points where community partners can most effectively address the problems they have identified.

COMMUNITY HEALTH IMPROVEMENT PLAN OF YAMHILL COUNTY

Overview of Priority Areas

Behavioral Health (suicide prevention, substance abuse)

Behavioral health is the intersection of health-impacting behaviors and mental health. In the context of this Community Health Improvement Plan, behavioral health will focus specifically on suicide prevention and substance abuse prevention. Through the 2017 Community Health Assessment and the following community engagement process, the Yamhill community identified alcohol abuse, opioid abuse, and suicide rates to be the priority areas.

Trauma Reduction and Community Resilience

The trauma reduction and community resilience priority area will focus on reducing the significant and lasting impacts can be caused by trauma, toxic stress, and adverse childhood experiences (ACEs) such as abuse and neglect. Work in this priority area will include initiatives focusing on trauma informed practices within healthcare, social services, and educational establishments, as well as promoting nurturing environments, strengthening parent-child attachment and bonding, and strengthening lifelong physical, social-emotional, and mental health in the community. The trauma reduction workgroup plans to strengthen family supports and capabilities in five ways: improving parental resilience, cultivating social connectivity, increasing knowledge of parenting and child development, providing concrete support in times of need, and developing children's social and emotional competence.

Tobacco

This priority area concerns the reduction of the burden tobacco and vaping have on communities within Yamhill County. This will be accomplished through the implementation of tobacco control policies to reduce the impact of marketing and access on youth, increasing community access to and awareness of tobacco cessation resources, and decreasing tobacco use among pregnant women.

Preconception Health

The focus of the preconception health priority area is to achieve planned, healthy pregnancies. Work in this area will include increasing the use of the One Key Question and long-acting reversible contraceptives, increasing local health care provider ability to provide reproductive health services, and increasing community knowledge and awareness of reproductive health services.

PRIORITY AREA: BEHAVIORAL HEALTH: SUBSTANCE ABUSE

OVERVIEW

Substance abuse refers to the harmful use of psychoactive substances including but not limited to alcohol, tobacco, marijuana, opioids, heroin, and methamphetamines. This risky behavior presents distinctive challenges to both the user and community as a whole, often resulting in serious adverse mental, social, and physical health consequences. Factors that contribute to substance abuse include a combination of genetics, the environment, and individual-level risk factors.

Effective prevention programs aim to reduce environmental and individual-level risk factors while at the same time promoting protective factors. The figure below outlines six strategies from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) to prevent substance abuse.

Center for Substance Abuse Prevention (CSAP) Key Strategies
1. Information Dissemination
2. Prevention Education
3. Alternative Approaches
4. Community-Based Processes
5. Problem Identification & Referral
6. Environmental Strategies

THE SITUATION IN YAMHILL COUNTY

Using SAMHSA’s CSAP strategies, the workgroup developed a prevention plan consisting of a variety of services and programs. Some of these include information dissemination through social media channels, community presentations, and health promotion events. In addition, YCPH offers a variety of capacity building curriculum that aim to prevent substance use initiation and equipping the community with the skills and resources necessary to help those who may be experiencing addiction; examples of these curriculum include the *Good Behavior Game* and *Mental Health First Aid*. Through the 2017 Community Health Assessment and the following Community Health Improvement Process, the workgroup has identified gaps in environmental strategies and community-based processes that we aim to address using the tactics outlined below.

GOALS AND MEASUREMENT

The community identified substance abuse as a priority area for the CHIP of Yamhill County using the data provided in the Yamhill County CHA. More specifically, the community hopes to achieve the following goals:

GOAL 1:	Reduce the rate of drug overdoses in Yamhill County
GOAL 2:	Increase the community's ability to respond to and prevent substance abuse

Some of the indicators listed below are data from the CHA that illustrate part of the reason that substance abuse was chosen as a focus area for the CHIP. The other indicators are the result of further research into indicators of substance abuse in the community. 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 providers querying in the Prescription Drug Monitoring Program (PDMP) database	60.7% (2018 data)	71%															
Opioid overdose deaths (Oregon Prescription Drug Monitoring Program)	7.49 per 100,000 (3-year average 2013-2015)	5 overdose deaths per 100,000 people															
Hospitalizations due to drug overdose (Oregon Prescription Drug Monitoring Program)	25.4 per 100,000 (3-year average 2013-2015)	20 overdose hospitalizations per 100,000 people															
30-day drug use among Yamhill County youth (Oregon Healthy Teens survey*) * Caution should be used when interpreting the results since they may not be representative of the county as a whole.	<table border="1"> <thead> <tr> <th>2017 Yamhill County data</th> <th>Grade 8</th> <th>Grade 11</th> </tr> </thead> <tbody> <tr> <td>Past 30 day use of alcohol</td> <td>10.4%</td> <td>28.8%</td> </tr> <tr> <td>Past 30 day use of prescription drugs</td> <td>5.5%</td> <td>7.4%</td> </tr> </tbody> </table>	2017 Yamhill County data	Grade 8	Grade 11	Past 30 day use of alcohol	10.4%	28.8%	Past 30 day use of prescription drugs	5.5%	7.4%	<table border="1"> <thead> <tr> <th>Grade 8</th> <th>Grade 11</th> </tr> </thead> <tbody> <tr> <td>7%</td> <td>25%</td> </tr> <tr> <td>2%</td> <td>4%</td> </tr> </tbody> </table>	Grade 8	Grade 11	7%	25%	2%	4%
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Percent of adults who binge drink (Behavioral Risk Factors Surveillance System)	21% (2012-2015 4-year average)	15%															

STRATEGIC INITIATIVES

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

Strategic Initiative 1: Improve data collection related to behavioral health

<u>Strategic Initiative 2:</u>	Adopt a comprehensive community-wide alcohol prevention strategic framework
<u>Strategic Initiative 3:</u>	Increase access to locally-provided medication-assisted treatment
<u>Strategic Initiative 4:</u>	Increase availability of naloxone (NARCAN)
<u>Strategic Initiative 5:</u>	Increase availability of proper drug/needle collection and disposal programs
<u>Strategic Initiative 6:</u>	Increase awareness, education and utilization of pain management alternatives and appropriate prescription pain management

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

PRIORITY AREA: BEHAVIORAL HEALTH: SUICIDE PREVENTION

OVERVIEW

Suicide is a complex community and public health issue that has grown significantly over the last two decades all across the United States. The causes of suicide are multifaceted and is the result of a combination of factors that includes mental illness, substance abuse, trauma, and social isolation. Suicide affects people of all ages and backgrounds, although disparity exists in particular segments of the population. High-risk groups include the LGBTQ community, older adults (65+), military service members and survivors of suicide loss.

A comprehensive approach to suicide prevention involves strategies that reduce risk factors while simultaneously bolstering protective factors, from the individual to the environmental level. The figure below is an adaptation of the U.S. Air Force Suicide Prevention Program that demonstrates how this can be achieved through the alignment of various prevention and intervention strategies.



THE SITUATION IN YAMHILL COUNTY

Partners throughout Yamhill County coordinate a variety of services and programs to prevent suicide. This includes behavioral health treatment, crisis response, suicide hotline services (Lines for Life), stigma reduction, gatekeeper training (*Mental Health First Aid, Connect, etc.*), *the Good Behavior Game*, and guidance to the media for reporting suicide. In addition to this, local community partners and organizations offer peer support, behavioral health treatment, and case management services that expands upon what is offered in Yamhill County.

Keeping in mind the above framework and the existing prevention services, the behavioral health workgroup has identified the following gaps in prevention: Identify and Assist, Increase Help-Seeking,

Care Transitions/Linkages, Life Skills and Resilience, and Connectedness. In response to these areas of improvement, the following goals and strategies were selected to prevent suicide in Yamhill County.

GOALS AND MEASUREMENT

The community identified suicide prevention as a priority area for the CHIP of Yamhill County using the data provided in the Yamhill County CHA. More specifically, the behavioral health workgroup hopes to achieve the following goals:

GOAL 1:	Reduce the number of deaths by suicides in Yamhill County
GOAL 2:	Align suicide prevention efforts through a comprehensive community-wide approach

Some of the indicators listed below are data from the CHA that illustrate part of the reason that suicide prevention was chosen as focus areas for the CHIP. The other indicators are the result of further research into indicators of potential suicide in the community. 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
Rate of deaths by suicide (Oregon Vital Records)	18.7 per 100,000 population (2012-2016 5-year average)	15 per 100,000 population
Percent of students who report seriously considering suicide in the last 12 months (Oregon Healthy Teens survey)	25.7% of 8 th Graders 23.8% of 11 th Graders (2017 data)	20% of 8 th graders 20% of 11 th graders
Percent of students who report attempting suicide in the last 12 months (Oregon Healthy Teens survey)	17.1% of 8 th Graders 5.3% of 11 th Graders (2017 data)	12% of 8 th graders 2% of 11 th graders

STRATEGIC INITIATIVES

The workgroup agreed upon the following strategic initiatives to advance the goals for the suicide prevention priority area. These strategic initiatives were developed to address the indicators listed above.

<u>Strategic Initiative 1:</u>	Improve data collection related to behavioral health
<u>Strategic Initiative 2:</u>	Increase availability and access to behavioral health services and evidence-based programming

<u>Strategic Initiative 3:</u>	Implementation of a comprehensive community-wide suicide prevention strategic framework
<u>Strategic Initiative 4:</u>	Increase community-wide evidence-based suicide prevention trainings and programs (e.g. QPR, MHFA, Connect, Sources of Strength)

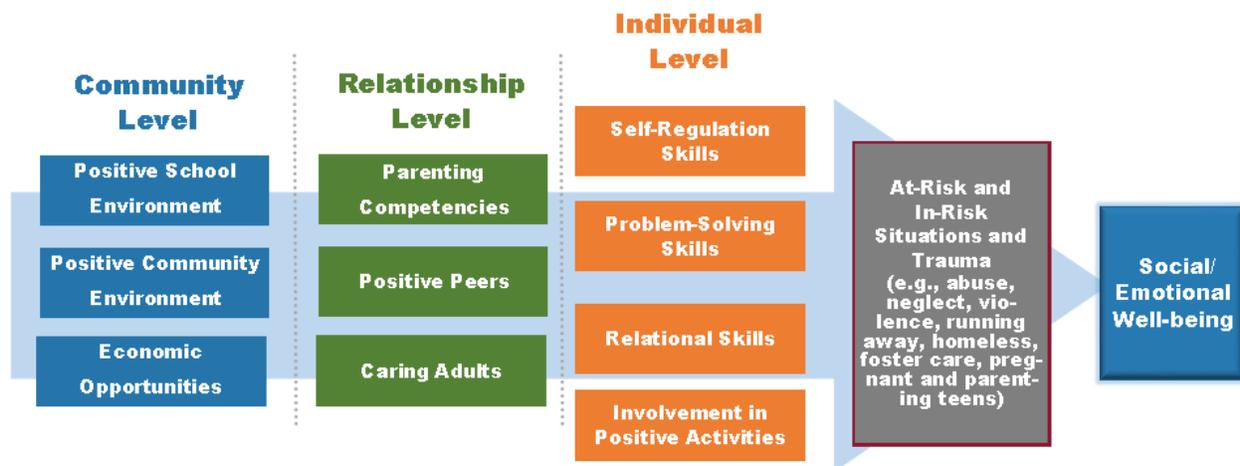
The workgroup developed community work plans to outline specific actions that it will take to support and advance the agreed-upon strategic initiatives. Yamhill County Public Health will report on the progress made on these work plans via an annual progress report.

PRIORITY AREA: TRAUMA REDUCTION AND COMMUNITY RESILIENCY

OVERVIEW

Trauma, toxic stress from things such as poverty, and adverse childhood experiences such as abuse and neglect, put people at a higher risk of experiencing poor lifelong physical and behavioral health outcomes. The negative effects of traumatic experiences can be stopped or lessened by reducing exposure to those experiences and by improving individual and community resiliency, or the ability to effectively cope with and recover from traumatic experiences.

A trauma-informed approach to serving children, youth, and families involves changing everyday practices to promote resilience. The overall goal of a trauma-informed approach is to develop programs, services, and environments that do not re-traumatize while also promoting coping skills and resilience in individuals and the community. This approach looks at establishing or improving protective factors, which are the conditions or attributes of individuals, families, and communities that promote well-being and reduce the risk for negative outcomes. These factors can shield individuals, families, and communities from the effects that negative experiences and situations can have, and protective factors can help them negotiate difficult circumstances so they can fare better in school, work, and life.



Nurturing and Community Resilience Framework

THE SITUATION IN YAMHILL COUNTY

Organizations in Yamhill County are working on addressing trauma and building community resilience. Some of the work they do includes participating in collaborative trauma prevention subcommittees that focus on kindergarten readiness, family development, nurturing school environments, parental education, and youth homelessness prevention.

As organizations around the county work more together, they have identified gaps in their services and systems that they have not yet had the opportunity to address, some of which they hope to start to address through the work in this CHIP. This includes the lack of a pathway to parent education for new families and the lack of a universal organizational trauma-informed training and approach.

GOALS AND MEASUREMENT

The community identified trauma reduction and community resiliency as a priority area for the CHIP of Yamhill County using the data provided in the Yamhill County CHA. More specifically, the community hopes to achieve the following goals:

GOAL 1:	Align the community with a protective factor framework to strengthen community resilience
GOAL 2:	Build an environment that promotes optimal well-being

Some of the indicators listed below are data from the CHA that illustrate part of the reason that trauma reduction and community resilience were chosen as focus areas for the CHIP. The other indicators are the result of further research into indicators of trauma in the community. 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
Percent of students chronically absent from school in Yamhill County (Oregon Department of Education)	17.85% (2016-17 school year)	12.0 % of students
Rate of domestic violence (Department of Human Services)	124.6 per 100,000 people (2012-2015)	112 reports per 100,000 people
Rate of founded cases of child abuse and neglect (Department of Human Services)	10.2 per 1,000 children (2017 data)	7 founded cases per 1,000 children
Rate of children in foster care (Department of Human Services)	4.3 per 1,000 children (2017 data)	2 children in foster care per 1,000 children
Rate of youth criminal offenses (Oregon Youth Authority)	18.6 criminal offenses per 1,000 youths age 10-17 (2017 data)	15 criminal offenses per 1,000 youths age 10-17

STRATEGIC INITIATIVES

A workgroup focused on trauma reduction and community resiliency developed the following strategic initiatives to advance the goals for this priority area. These strategic initiatives were developed to address the indicators listed above.

<u>Strategic Initiative 1:</u>	Increase the number of trauma-informed organizations within the community
<u>Strategic Initiative 2:</u>	Enhance protective factors that contribute to overall community wellness and safe, stable, and nurturing families
<u>Strategic Initiative 3:</u>	Increase protective factors that support and develop parental resilience and knowledge of child development and available parenting resources
<u>Strategic Initiative 4:</u>	Increase social and emotional competence among children
<u>Strategic Initiative 5:</u>	Build on existing prevention collaborations to further align efforts across the county and leverage funds to support the work

The workgroup has also developed community work plans to outline specific actions that it will take to support the agreed-upon strategic initiatives. Yamhill County Public Health will report on the progress made on these work plans via an annual progress report.

PRIORITY AREA: TOBACCO

OVERVIEW

Tobacco use is the single most preventable cause of disease, disability, and death in the United States, and remains the number-one cause of preventable death and disease in Oregon. Tobacco use in any form can cause serious diseases and health problems, including cancers of the lung, bladder, kidney, pancreas, mouth, and throat; heart disease and stroke; lung disease; pregnancy complications; gum disease; and vision problems. In Oregon, tobacco use kills nearly 8,000 Oregonians and costs \$2.5 billion in medical expenses, lost productivity and early death.

Electronic inhalant delivery systems, such as E-cigarettes, are inhalant delivery systems that allow users to mimic the act of conventional smoking. They contain the same addictive ingredient, nicotine, as conventional cigarettes. Instead of smoke from burning tobacco, users inhale aerosol consisting of nicotine, flavor additives and other chemicals. The long-term effects of vaping are not well understood; however, fine/ultrafine particles, harmful metals, carcinogenic tobacco-specific nitrosamines, volatile organic compounds, carcinogenic carbonyls have been found in the aerosol of electronic inhalant delivery systems, potentially causing or worsening respiratory diseases.

THE SITUATION IN YAMHILL COUNTY

According to the most recent estimates, 20.8 percent of adults residing in Yamhill County reported current tobacco use. The adult smoking rate of Yamhill County is 16.6 percent. Forty-nine percent of current and former adult smokers started smoking regularly before the age of 18. As of 2017, 7.9 percent of 8th grade students and 13.2 percent of 11th grade students reported using any tobacco product, which includes cigarettes, large or little cigars, hookah tobacco, smokeless tobacco, or electronic cigarettes or other vaping products. Moreover, 5.9 percent of 8th grade students and 7.5 percent of 11th grade students reported using electronic cigarettes or other vapor products.

Yamhill County's Tobacco Prevention and Education Program (TPEP) has made considerable strides in reducing exposure to secondhand smoke, preventing youth from starting to use tobacco, identifying and eliminating tobacco-related disparities, and helping tobacco users quit and stay quit. This CHIP will help continue the work accomplished through implementing tobacco control policies for youth to reduce the impact of marketing and access on youth, increasing community access and awareness of tobacco cessation resources, and decreasing tobacco use among pregnant women.

GOALS AND MEASUREMENT

The community identified tobacco as a priority area for the Yamhill County CHIP using the data provided in the Yamhill County CHA. More specifically, the community hopes to achieve the following goal:

GOAL:	Reduce illness, disability, and death caused by tobacco and vaping among Yamhill County residents and youth.
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Some of the indicators listed below are data from the CHA that illustrate part of the reason that tobacco was chosen as a focus area for the CHIP. The other indicators are the result of further research into indicators of tobacco use in the community. 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
Teen tobacco use, including vaping (Oregon Healthy Teens survey)	7.9% of 8 th graders, 13.2% of 11 th graders (2017 data)	5% of 8 th graders 10% of 11 th graders
Adult cigarette use (BRFSS)	16.6% (2012-2015 4-year average)	14% of adults
Percentage of people on Medicaid who smoke (BRFSS)	29.5% (2017 data)	24% of Medicaid recipients
Tobacco users reached by Oregon Tobacco Quit Line (Oregon Health Authority)	100 (2017 data)	160
Percent of live births with maternal tobacco use (Oregon Vital Statistics)	10.4% of births (2017 data)	8% of births

STRATEGIC INITIATIVES

Yamhill County Public Health, in partnership with community partners, developed the following strategic initiatives to advance the goals for the tobacco priority area. These strategic initiatives were developed to address the indicators listed above.

<u>Strategic Initiative 1:</u>	Implement tobacco control policies to reduce the impact of tobacco marketing and access for youth
<u>Strategic Initiative 2:</u>	Increase community access and awareness of tobacco cessation resources
<u>Strategic Initiative 3:</u>	Decrease tobacco use among pregnant women

Together with community partners, Yamhill County Public Health has also developed community work plans to outline specific actions that it will take to support the agreed-upon strategic initiatives. Each of these strategic initiatives has a work plan which outlines actions that those working on tobacco use

prevention and reduction in Yamhill County will take to advance the work of these strategic initiatives. Yamhill County Public Health will report on the progress made on these work plans via an annual progress report.

PRIORITY AREA: PRECONCEPTION HEALTH & UNINTENDED PREGNANCY

OVERVIEW

An individual’s health and circumstances when becoming pregnant can have both immediate and lasting health and social ramifications for both parents and children, which makes it important for both generations that individuals who become pregnant are prepared to become parents both before and during pregnancy. Appropriate preconception health and health care can reduce preventable complications such as stillbirths, low birth weight, cognitive and behavioral problems, anemia, and substance abuse. Achieving a higher rate of planned pregnancies also reduces the negative health and social effects experienced by parents and children throughout their lifetimes.

THE SITUATION IN YAMHILL COUNTY

Preconception health and unintended pregnancy are a concern for a number of partners working throughout Yamhill County who have identified a number of gaps to address related to this CHIP priority area. The teen pregnancy rate in Yamhill County is higher than the national average (29 pregnancies per 1,000 females ages 15-19 as compared to 24.2 per 1,000) and a number of vulnerable populations have limited access to preconception and contraceptive services, including those to women in jail custody. To ensure that the work done on this priority area is effective, a comprehensive assessment of access and potential gaps to reproductive health services around Yamhill County will be completed.

GOALS AND MEASUREMENT

The community identified preconception health and unintended pregnancy as a priority area for the Yamhill County CHIP using the data provided in the Yamhill County CHA. More specifically, the community hopes to achieve the following goals:

GOAL 1:	Increase evidence-based care models that support community members, health care providers, and social service providers in achieving planned pregnancies
GOAL 2:	Increase the use of effective contraceptives

Some of the indicators listed below are data from the CHA that illustrate part of the reason that preconception health chosen as focus areas for the CHIP. The other indicators are the result of further research into indicators of preconception health in the community. 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
Effective contraceptive use (OHP)	52.5% (2017 final metrics)	58% of OHP recipients
Teen birth rate (OPHAT)	17.1 births per 1,000 women age 15-19	14 births per 1,000 women age 15-19

STRATEGIC INITIATIVES

A workgroup of community partners developed the following strategic initiatives to advance the goals for the preconception health priority area. These strategic initiatives were developed to address the indicators listed above.

<u>Strategic Initiative 1:</u>	Increase the percentage of primary care and prenatal clinics fully implementing the One Key Question form.
<u>Strategic Initiative 2:</u>	Increase the number of clinics that have a medical service agreement with the Oregon Health Authority to provide reproductive health services.
<u>Strategic Initiative 3:</u>	Increase the number of women using long-acting reversible contraceptives.
<u>Strategic Initiative 4:</u>	Create and implement a reproductive health education and marketing campaign.

There are community work plans that outline specific actions that those working on this CHIP priority area will take to support the agreed-upon strategic initiatives. Yamhill County Public Health will report on the progress made on these work plans via an annual progress report.

|| PARTNERS

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

Lauren Berg, Yamhill Carlton Elementary School Principal, community member
Erin Bryant, Providence Medical Group Newberg, community member
Hallie Carpenter, McMinnville School District, community member
Jill Dale, MA, CPS, CADCI, Regional Prescription Drug Overdose Prevention Coordinator
Ivan Estrada, MPH, Yamhill County Public Health
Melissa First, Oregon Family Support Network, N/NW Regional Family Support Specialist
Mike Franklin, Student Services Director, McMinnville School District
Dawn Graff-Haight, Professor of Health Education, Linfield College
Greg Graven, Yamhill Police Department
Heather Hunter, Champion Team, community member
Emily Johnson, Yamhill Community Care, community member
Samantha Kinney, MPH, Yamhill County Public Health, Yamhill Community Care
Brian Leon, MPH, Yamhill County Public Health
Donna Libemday, Prevention Programs, Lines for Life
Suey Linzmeier, Head Start of Yamhill County, community member
Lindsey Manfrin, Yamhill County Health and Human Services, community member
Dr. Ryan Martin, ND, Midwife, community member
Amber Miller, BSN, RN, Yamhill County Public Health
Peg Miller, MD, Local Pediatrician
Paul Myatt, MPH, EdD, Yamhill County Public Health
Ginny Rake, Project ABLE
Jenn Richter, Yamhill Community Care, Early Learning Administrator
Jordan Robinson, District Director at Lutheran Community Services
Julie Siepmann, Juliette's House, community member
Katie Sours, Student Nutrition and Activity Clinic for Kids (SNACK Program), community member
Erin Stevens McKay, Oregon Family Support Network, Family Member and Regional Project Manager
Kristen Stoller, Community Wellness Collective, Newberg Education Foundation, Young Professionals of Yamhill Valley, community member
Kara Sump, BSN, RN, Foster/Adoptive/Bio parent
Elise Yarnell, Providence Medical Group Newberg

We would also like to give a special thank you to all who participated in a community workshop or focus group.

PRIORITY ALIGNMENT: STATE PRIORITIES

		YAMHILL CHIP PRIORITIES				
		BEHAVIORAL HEALTH: SUBSTANCE ABUSE	BEHAVIORAL HEALTH: SUICIDE	TRAUMA REDUCTION AND COMMUNITY RESILIENCY	TOBACCO	PRECONCEPTION HEALTH AND UNINTENDED PREGNANCY
OREGON STATE HEALTH IMPROVEMENT PLAN 2015-2019	PREVENT AND REDUCE TOBACCO USE	✓		✓	✓	
	SLOW THE INCREASE OF OBESITY			✓		
	IMPROVE ORAL HEALTH					
	REDUCE HARMS ASSOCIATED WITH ALCOHOL AND SUBSTANCE USE	✓				
	PREVENT DEATHS FROM SUICIDE		✓	✓		
	IMPROVE IMMUNIZATION RATES					
	PROTECT THE POPULATION FROM COMMUNICABLE DISEASES					✓

PRIORITY ALIGNMENT: NATIONAL PRIORITIES

		YAMHILL CHIP PRIORITIES				
		BEHAVIORAL HEALTH: SUBSTANCE ABUSE	BEHAVIORAL HEALTH: SUICIDE	TRAUMA REDUCTION AND COMMUNITY RESILIENCY	TOBACCO	PRECONCEPTION HEALTH AND UNINTENDED PREGNANCY
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 Yamhill Community Health Improvement Plan also addresses the Healthy People 2020 priorities of:

- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Mental Health and Mental Disorders
- 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 Yamhill 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>

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/>

Yamhill County Public Health
412 NE Ford St.
McMinnville, OR 97128

1-503-434-7525
<http://hhs.co.yamhill.or.us/hhs-ph>
 @YCPublicHealth

